

10.07.02.00 (12/1/2015)

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 07 HOSPITALS

10.07.02 Comprehensive Care Facilities and Extended Care Facilities

Authority: Health-General Article, §§19-308, 19-308.1, 19-323, and 19-1401 et seq.; Public Safety Article, §14-110.1; Annotated Code of Maryland

[Preface:

The Secretary of Health and Mental Hygiene has legal responsibility for and is empowered to establish regulations and standards for the licensure of hospitals and related institutions where overnight care is provided for two or more nonrelated individuals. The Secretary of Health and Mental Hygiene may modify or rescind the regulations from time to time as he finds necessary and in the public interest. As a basis for the issue of license, these regulations have been prepared for comprehensive care facilities and extended care facilities. Except where noted otherwise, these regulations apply both to comprehensive care facilities and extended care facilities. The purpose and intent of these regulations is to prescribe minimum standards to be met by facilities to which are admitted two or more nonrelated persons who do not need the intensive care provided by a hospital but who are unable to be cared for appropriately in the home environment. The regulations set forth are minimal. Local health departments and other regulatory agencies have the right to prescribe applicable additional standards within their authority.

A copy of these regulations shall be kept available for reference on the premises of each licensed institution. Employees shall be fully informed and instructed with reference to these regulations in order to ensure strict compliance with the requirements set forth in these regulations.

The Secretary of Health and Mental Hygiene has delegated the responsibility for the issuance of licenses to the Division of Licensing and Certification with assistance from other units of the Department of Health and Mental Hygiene and the various local health departments.

The State Fire Prevention Code and regulations governing food service facilities shall be considered a part of these regulations as applicable. A facility is not eligible for license until qualified inspectors have determined that it is in conformance with the State Fire Code and local building and fire codes.

The purpose of including, by reference, fire and other codes as they apply to this use is to prevent or eliminate fire and other hazards and to promote a safe environment for patients in nursing facilities through conformance to recognized standards of construction, maintenance, and operation.]

10.07.02.01 (8/20/2014)

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

[(1-1)] (2) "Administrator" means the individual licensed by the Board of Examiners of Nursing Home Administrators [and] *who is* responsible for the operation of the *nursing* home.

[(2) "Ambulatory patients" means those patients who are not dependent upon others for assistance to travel to safety in an emergency, including those patients who can ambulate independently with assistive devices.]

(3) "Attending physician" means [any person] *an individual* licensed to practice medicine in the State who admits [patients] *residents* to the facility[, with the understanding that he must comply with the facility's policies as developed by the patients care policy committee] *and is responsible for the overall care of a resident.*

(4) "Audiologist" means [a person] *an individual* who holds a [current] Maryland license issued by the *State* Board of Audiologists, Hearing Aid Dealers, and Speech-Language Pathologists.

[(4-1)] (5) (text unchanged)

(6) "Certified dietary manager" means *an individual who:*

(a) Is a licensed registered dietitian;

(b) Is a graduate of a certified dietetic technician program approved by the Academy of Nutrition and Dietetics;

(c) Has successfully completed the required course and maintains certification as required by the certifying board for the Association of Nutrition and Foodservice Professionals;

(d) Is a graduate of a State-approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a licensed registered dietitian; or

(e) Is a Certified Food Protection Professional (CFPP).

[(5)] (7)—[(5-1)](8) (text unchanged)

(9) *"Chemical restraint" means the administration of drugs with the intent of curtailing significantly the normal mobility or normal physical activity of a patient in order to protect the patient from injuring himself or others.*

[(5-2) "Communicable disease" means an acute illness or a chronic disease state of any of the agents causing these diseases:

- (a) Acquired immunodeficiency syndrome;
- (b) Amebiasis;
- (c) Cholera;
- (d) Conjunctivitis;
- (e) Diphtheria;
- (f) Hepatitis, viral (A, B, C, non-A, non-B, delta);
- (g) Human immunodeficiency virus (HIV) infection;
- (h) Salmonellosis;
- (i) Shigellosis;
- (j) Tuberculosis;
- (k) Typhoid fever; or
- (l) Evidence of any other condition as requested by the Secretary.

(5-3) "Comprehensive assessment" means the assessment that includes the Minimum Data Set and Resident Assessment Protocol Summary.

(6) Comprehensive care facility" means a facility which admits patients suffering from disease or disabilities or advanced age, requiring medical service and nursing service rendered by or under the supervision of a registered nurse.]

(10) *"Comprehensive care facility" means a nursing home that admits residents requiring medical services and nursing services rendered by or under the supervision of a registered nurse, who:*

(a) *Are advanced in age; or*

(b) *Have a disease or a disability.*

[(6-1)] (11) "Concurrent review" means daily rounds by a licensed nurse which include:

(a) (text unchanged)

(b) If there is a change in the resident's physical or mental status, an evaluation by the licensed nurse of the resident's medications, laboratory values relating to the resident, and clinical data relating to the resident, including the resident's:

(i) Hydration and nutritional [need] *needs*;

(ii)—(iv) (text unchanged)

(c) Evaluation of injuries sustained by the resident that result from [accidents or incidents] *an accident or incident* involving the resident; and

(d) (text unchanged)

(12) *"Culture change facility" means a nursing home where physical environment and operational changes have been made to establish person-valued and person-directed care activities and services.*

[(7)] (13) (text unchanged)

[(7-1) "Demonstration project" means a method of providing care and services to residents that does not comply with all the regulations in this chapter but provides sufficient safeguards to protect the health and safety of residents.]

[(8)] (14) "Dentist" means [any person] *an individual* licensed to practice dentistry in this State.

[(9)] (15) (text unchanged)

[(10) "Dietetic service supervisor" means a person who:

(a) Is a qualified dietitian;

(b) Is a graduate of a dietetic technician program approved by the American Dietetic Association;

(c) Is a certified dietary manager who has successfully completed the required course and maintains certification as required by the certifying board for the Dietary Managers Association;

(d) Is a graduate of a State-approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or

(e) Has training and experience in food service supervision and management in a military service equivalent in content to §B (10) (b) and (d) in this regulation.]

[(11)] (16) (text unchanged)

(17) *"Distinct part extended care facility" means a portion of a facility that is licensed as an extended care facility.*

[(12) "Extended care facility" means a facility which offers subacute care, providing treatment services for patients requiring inpatient care but who do not currently require continuous hospital services. A portion of a facility which is licensed as an extended care facility is called a distinct part extended care facility. This facility admits patients who require convalescent or restorative services, or rehabilitative services, or patients with terminal disease requiring maximal nursing care.]

(18) "Extended care facility" means a nursing home that is a facility that offers sub-acute care, and provides medical treatment services for residents who require inpatient care but who do not currently require continuous hospital services.

(19) "Facility" means a nursing home.

[(13)] (20) (text unchanged)

[(13-1) "Full assessment" means the Minimum Data Set without the Resident Assessment Protocol Summary.]

[(14)] (21) (text unchanged)

[(15) "Geriatric nursing assistant" means a nurses' aide, patient care technician, orderly, attendant, or other supportive personnel assigned to the facility to perform patient care tasks under the direction and immediate supervision of a licensed nurse. The geriatric nursing assistant shall have successfully completed a geriatric nursing assistant training program approved by the Department.]

(22) "Geriatric nursing assistant" means a nurse's aide, resident care technician, orderly, attendant, or other support personnel as defined by the Board of Nursing who:

(a) Is assigned to the facility to perform resident care tasks under the direction and immediate supervision of a licensed nurse; and

(b) Has successfully completed a geriatric nursing assistant training program approved by the Department.

[(16) "Graduate social worker" means any person licensed to practice as a graduate social worker in this State.]

[(16-1)] (23) (text unchanged)

[(16-2)] (24) "Health care practitioner" means an individual who [provides] *is licensed, certified, or otherwise authorized to provide* health care services [and is licensed] under the Health Occupations Article, Annotated Code of Maryland.

[(16-3)] (25) (text unchanged)

(26) *"HVAC" means Heating, Ventilation and Air Conditioning.*

(27) *"Infection preventionist" means a licensed healthcare worker who:*

(a) Manages the infection prevention and control program in the facility; and

(b) Has completed a minimum of 15 contact hours of infection prevention and control training that is approved by:

(i) The Department's Office of Infectious Disease Epidemiology and Outbreak Response; and

(ii) The Office of Health Care Quality.

(28) *"Licensed Bachelor Social Worker" means an individual authorized to practice bachelor social work under Health Occupations Article, Title 19, Annotated Code of Maryland.*

(29) *"Licensed Certified Social Worker" means an individual authorized to practice certified social work under Health Occupations Article, Title 19, Annotated Code of Maryland.*

(30) *"Licensed Certified Social Worker–Clinical" means an individual authorized to practice clinical social work under Health Occupations Article, Title 19, Annotated Code of Maryland.*

(31) *"Licensed Graduate Social Worker" means an individual authorized to practice graduate social work under Health Occupations Article, Title 19, Annotated Code of Maryland.*

[(17)] (32) *"Licensed practical nurse" means [a person who holds a license] an individual authorized to practice licensed practical nursing [in this State] under Health Occupations Article, Title 8, Annotated Code of Maryland.*

[(17-1)] (33) (text unchanged)

(34) *"Licensed registered dietitian" means an individual who:*

(a) Has met the certifying requirements for registration as a dietitian as administered by the Commission on Dietetic Registration ; and

(b) Maintains the continuing education requirements of registration.

[(17-2)] (35) (text unchanged)

[(18)] (36) *"[Mantoux tuberculin] Tuberculin skin test" means a test to diagnose tuberculosis infection [utilizing 5TU (tuberculin units) of] using purified protein derivative (PPD) that is injected intradermally and read within 48—72 hours with results recorded in millimeters of induration. The Mantoux tuberculin skin test is the standard.*

[(18-1) "Maryland Monthly Assessment" means the assessment required by the Office of Access, Quality, and Program Integrity of the Department as an ongoing monitoring tool of the resident's status.]

[(19)] (37) "Medical director" means [any person] *an individual* licensed to practice medicine in this State who, pursuant to a written agreement, is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to [patients] *residents* and to maintain surveillance of the health status of employees.

[(20)] (38) "Medicine aide" means [a person] *an individual* who has successfully completed the 60-hour Department of Health and Mental Hygiene approved community college course and has further satisfied, where applicable, the continuing education requirements.

[(20-1) "Minimum Data Assessment" means the Resident Assessment Instrument for Long Term Care Facilities, Transmittal No. 272, April 1995, and Transmittal No. 22, December 2000, U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services.]

[(20-2)] (39) "Minimum [data set] *Data Set*" means a core set of screening, clinical and functional status elements, including common definitions and coding categories, that forms the foundation of the comprehensive assessment for all residents of [long term] *long-term* care facilities certified to participate in Medicare or Medicaid.

[(20-3)] (40) "Minimum Data Set (*MDS*) Quarterly Assessment" means the assessment that is completed [on] *for* each resident not later than 92 days from the prior assessment.

[(21)] (41) "New facility" means a [comprehensive care facility or an extended care facility which] *nursing home that* does not yet have plans approved by the Department at the time of the

adoption of these regulations. [Any conversion, alteration, or additions which affect the facility's functional structure or bed capacity shall be constructed in accordance with these regulations, including the regulations which apply to "new facilities"]

(42) *"NFPA" means National Fire Protection Association.*

[(22) "Nonambulatory patients" means those who are dependent upon others for assistance to travel to safety in an emergency and those persons who are unable to ambulate independently with assistive devices.]

[(23)] (43) (text unchanged)

(44) *"Nurse" means a licensed practical nurse or registered nurse licensed in the State as defined in COMAR 10.27.03.01.*

[(23-1)] (45) (text unchanged)

[(24)] (46) (text unchanged)

[(25) "Nursing facility" means a facility other than a facility offering domiciliary or personal care as defined in Health-General Article, Title 19, Subtitle 3, Annotated Code of Maryland, which offers nonacute inpatient care to patients suffering from a disease, condition, disability or advanced age, or terminal disease requiring maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent services, restorative services, or rehabilitative services.]

(47) *"Nursing home" means a comprehensive care facility or extended care facility which offers nonacute inpatient care to patients suffering from a disease, chronic illness, condition, disability*

of advanced age, or terminal disease requiring maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent, restorative, or rehabilitative services.

(48) “Nursing service personnel” means staff licensed or certified by the Maryland Board of Nursing.

[(26)] (49) "Occupational therapist" means [a person] *an individual* who is currently [certified] licensed by the [American] State Board of Occupational Therapy [Association (AOTA)] Practice as a registered occupational therapist [(OTR)].

[(27)] (50) "Occupational therapy assistant" means [a person] *an individual* who is currently [certified] licensed by the [AOTA] State Board of Occupational Therapy Practice as an occupational therapy assistant.

[27-1] (51) (text unchanged)

[(28) "Other qualified person" means a person who is eligible for registration under the requirements set by the American Dietetic Association or has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, has 1 year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.]

[(28-1)] (52) "Paid feeding assistant" means an individual who:

- (a) Meets the requirements of Regulation [.41E] .58 of this chapter; and
- (b) (text unchanged).

[(29) "Patient" means "patient" as defined in Article 43, §556(g), Annotated Code of Maryland.

(30) "Patient activities consultant" means a person who is a qualified:

- (a) Therapeutic recreation specialist;
- (b) Occupational therapist; or
- (c) Occupational therapy assistant.

(31) "Patient activities coordinator" means a person who:

- (a) Is a qualified therapeutic recreation specialist;
- (b) Is a qualified occupational therapist;
- (c) Is an occupational therapy assistant; or
- (d) Has 2 years of experience in a social or recreational program in a licensed health care setting within the last 5 years, 1 year of which was full time in a patient activities program with guidance from a qualified consultant in a health care setting.]

[(31-1)] (53) (text unchanged)

[(32) "Person" has the meaning stated in Health-General Article, §19-301(h), Annotated Code of Maryland.]

[(33)] (54) "Pharmacist" means [a person] *an individual* licensed to practice pharmacy in this State.

(55) *"Physical restraint" means the use of force to prevent, suppress, or control head, body, or limb movement in a patient who is actively physically aggressive or combative or both in order to protect the patient from injuring himself or others.*

[(34)] (56) "Physical therapist" means [a person] *an individual* licensed to practice physical therapy by the State Board of Physical Therapy Examiners.

[(35)] "Physical therapist assistant" means a person licensed as such by the State Board of Physical Therapy Examiners.]

[(36)] (57) "Physician" means [a person] *an individual* licensed to practice medicine in this State.

[(36-1)] (58)—[(36-2)] (59) (text unchanged)

[(37)] "Podiatric assistant" means a person registered as such by the State Board of Podiatry Examiners.

(38) "Podiatrist" means any person licensed by the State Board of Podiatry Medical Examiners.]

[(38)-1] (60) "Positive tuberculin skin test" means [the presence of palpable induration of:

(a) 5 millimeters or more in diameter for individuals:

(i) Known to have or suspected of having HIV infection,

(ii) Who are close contacts of an individual with infectious tuberculosis disease,

(iii) With X-ray or clinical evidence of active tuberculosis disease,

(iv) Who have a chest radiograph suggestive of previous disease, or

(v) Who have a history of injecting illicit drugs if HIV status is unknown; or

(b) 10 millimeters or more in diameter for:

(i) All individuals not included in §B (38-1) (a) of this regulation,

(ii) Risk groups that are defined in Guidelines for Preventing the Transmission of

Mycobacterium Tuberculosis in Health-Care Facilities, 1994, Table S2-1, pages 62—63, which is incorporated by reference in Regulation .01-1 of this chapter, and

(iii) Health care workers] *a test provided as authorized by the Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings.*

[(39)] (61) "Principal physician" means [a person] *an individual* licensed to practice medicine in this State who agrees to perform certain medical services under contract with a [comprehensive care facility] *nursing home*, consistent with the policies of the [facility] *nursing home*.

[(40)] "PRN" means an abbreviation for the phrase "as circumstances may require".

(41) "Protective device" means any device or equipment, except bed side rails, which shields a patient from self-injury, or prevents a patient from aggravating an existing physical problem, or prevents a patient from precipitating a potential physical problem, and may limit, but does not eliminate, the movement of the patient head, body, or limbs.]

(62) *"Protective device" means any device or equipment:*

(a) That is prescribed by a physician

(b) That limits, but does not eliminate the movement of the resident's head, body, or limbs; and

(c) That:

(i) Shields a resident from self-injury;

(ii) Prevents a resident from aggravating an existing physical problem; or

(iii) Prevents a resident from a precipitating potential physical problem;

[(42)] "Psychologist" means a person who is certified by the State Board of Examiners of Psychologists to practice in this State.]

[(43)] (63) "Qualified medical record practitioner" means [a person] *an individual* who:

(a) Has [received]:

(i) *Received* a baccalaureate degree from an accredited college or university including or supplemented by a successful completion of a course in health record administration approved by the Council on Medical Education of the American Medical Association[,]; and [has passed]

(ii) *Passed* the national registration examination for registered record administrators; or

(b) [Possesses] *Has*:

(i) *Received* an associate of arts degree in health record technology from a college or university approved by the American Medical Association Council on Medical Education or an equivalent approved health record technology correspondence course of the American Medical Record Association[,]; and [in addition has passed]

(ii) *Passed* the national accreditation examination for accredited record technicians.

[(44)] (64) "Qualified social work consultant" means [a person] *an individual* who:

(a) Is a *licensed* certified social worker; and

(b) (text unchanged)

[(45)] "Registered dietitian" means a dietitian who has met the certifying requirements for registration as administered by the Commission on Dietetic Registration, and who maintains the continuing education requirements of registration.]

[(46)] (65) "Registered nurse" means [a person who holds a license] *an individual licensed* to practice as a registered nurse in this State.

[(46-1)] (66) "Representative" means an individual referenced in Regulation [.08-1] .12 of this chapter.

(67) *"Resident" means an individual who resides in the facility and who receives nursing services rendered by or under the supervision of a registered nurse.*

(68) *"Resident activities coordinator" means an individual who:*

(a) Is a certified therapeutic recreation specialist, a licensed occupational therapist, or a licensed occupational therapy assistant; or

(b) Has 2 years of experience in a social or recreational program in a licensed health care setting within the last 5 years, 1 year of which was full time in a resident activities program with guidance from an individual identified in §B(73)(a) of this regulation.

[(46-2)] (69) *"Resident Assessment Instrument (RAI)" means an assessment that includes [the total of the two parts of the document referred to as the MDS and the RAPS, which together are the model for resident assessment, decision-making (RAPS), care planning, care plan implementation, and evaluation.] the:*

(a) Minimum Data Set;

(b) Care Area Assessment Process; and

(c) RAI utilization guidelines.

[(46-3) *"Resident Assessment Protocol Summary (RAPS)" means the portion of the resident assessment instrument that is the problem-oriented framework for the decision-making process of care planning.]*

[(47)] (70) *"Restraint" means any physical or chemical restraint as defined [below:] in this chapter.*

[(a) "Physical restraint" means the use of force to prevent, suppress, or control head, body, or limb movement in a patient who is actively physically aggressive or combative or both in order to protect the patient from injuring himself or others;

(b) "Chemical restraint" means the administration of drugs with the intent of curtailing significantly the normal mobility or normal physical activity of a patient in order to protect the patient from injuring himself or others.]

[(48)] (71)—[(49)] (72) (text unchanged)

[(49-1) "Significant change assessment" means an assessment that is completed on a resident who has demonstrated:

(a) Major changes in status that are not self-limiting or which cannot be resolved within 14 days;

(b) A change in more than one area of the residents health status which could demonstrate an improvement or decline in the resident's status; and

(c) The need for interdisciplinary review or revision of the care plan.

(50) "Social work associate" means any person licensed to practice as a social work associate in this State.]

[(50-1)] (73) (text unchanged)

[(51)] (74) "Speech pathologist" means [a person] *an individual* licensed by the *State* Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists.

[(52)] (75) "[Supportive] *Support* personnel" means an aide *who is* assigned to a particular service such as nursing, dietary, physical therapy, or occupational therapy, *and* who has been

approved by the [chief] *manager* of the services as having sufficient training and experience to perform [his] *the* assigned duties.

[(52-1)] (76) (text unchanged)

[(53)] (77) Tuberculosis in a Communicable Form.

(a) "Tuberculosis in a communicable form" means that an individual [is]:

(i) *Is* presumed to have active pulmonary or laryngeal tuberculosis as evidenced by positive X-ray findings with or without positive acid-fast bacilli (AFB) sputum smear or positive AFB sputum culture; and [that the individual has been receiving]

(ii) *Has received* chemotherapy for less than 14 days.

(b) "Tuberculosis in a communicable form" does not include:

(i) When the individual [with presumed or confirmed active disease] *who has presumptive or confirmed active disease*, has had three negative AFB smears[at least] , *collected* 8—24 hours apart, shows clinical improvement, and has received chemotherapy *to which the strain is susceptible* for at least 14 days; or

(ii) The individual [with] *who has* inactive [scar] *pulmonary scarring*, calcification, or a normal chest X-ray.

[(54) "Tuberculosis suspect" means an individual who has a cough lasting more than 3 weeks and at least one other symptom that is compatible with active tuberculosis including bloody sputum, night sweats, weight loss, or fever.]

[(55)] (78) "Two-step tuberculin skin testing" means the administration of a second tuberculin skin test 1 to 3 weeks after the initial [PPD] *skin test* is negative, to [distinguish a boosted

reaction from a reaction that is due to new] *identify individuals with a past TB infection who may now have reduced skin reactivity.*

10.07.02.01-1

[.01-1] .02 Incorporation by Reference

A. In this chapter, the following documents are incorporated by reference.

B. Documents Incorporated

[(1) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994 (MMWR 1994; 43 No. RR-13; U.S. Centers for Disease Control and Prevention (CDC); Atlanta, Georgia).

(2) Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); (MMWR 1997; 46 No. RR-18; U.S. Centers for Disease Control and Prevention (CDC Atlanta, Georgia).]

(1) Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. (2014) Facility Guidelines Institute.

(2) ASHRAE Pocket Guide for Air-Conditioning, Heating, Ventilation, Refrigeration, (I-P) 8th Ed. (2013). American Society of Heating, Refrigerating and Air-Conditioning Engineers.

(3) 2007 Guideline for Isolation Precautions [in Hospitals; Julia S. Garner and the Hospital Infection Control Practices Advisory Committee; (American Journal of Infection Control 1996; 24: (1); 37pp.)]: *Preventing Transmission of Infectious Agents in Healthcare Settings. (U.S.*

Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC)).

(4) Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (MMWR 2005; 54 No. RR-17; U.S. Centers for Disease Control and Prevention (CDC); Atlanta, Georgia).

(5) Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); (MMWR 2011; 60 No. RR-07; U.S. Centers for Disease Control and Prevention (CDC Atlanta, Georgia).

(6) Accessible and Usable Buildings and Facilities. ICC A117.1-2009. American National Standard. Washington, DC: International Code Council.

(7) NFPA 101 Life Safety Code (2012 Edition), which has been incorporated by reference in COMAR 29.06.01.06;

(8) NFPA 99 Health Care Facilities Code (2012 Edition).

(9) Recommended dietary allowances. National Research Council (U.S.), National Institutes of Health (U.S.), & National Research Council (U.S.). (1989). Washington, D.C: National Academy Press.

(10) CMS Manual System, Pub. 100-07 State Operations Provider Certification, Transmittal No.127, (2014), U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS)

10.07.02.02

[.02] .03 License Required.

A.—E. (text unchanged)

F. Provisional License.

(1) The Secretary may issue a license to a comprehensive care facility or an extended care facility for less than a 24-month period under any of the following conditions:

(a)—(c) (text unchanged)

(d) If new construction is completed to the point of being able to provide all necessary services to its residents but certain substantial items of equipment [of] *for optional services are temporarily lacking*, which in the opinion of the Department will have no immediate adverse effect on the safety or health of its residents[, are lacking temporarily]; or

(e) (text unchanged)

(2)—(3) (text unchanged)

G.—H. (text unchanged)

10.07.02.03

[.03] .04 Licensing Procedure.

A. Application for License.

(1)—(8) (text unchanged)

(9) Additional Requirements.

(a) The Secretary shall require an applicant for licensure to submit to the Secretary the following information concerning the applicant's:

(i) (text unchanged)

(ii) Ability to comply with [minimum] *all applicable* standards of medical and nursing care and applicable State or federal laws and regulations by disclosing the identities of its medical director, director of nursing, and administrator, and by providing the facility's quality assurance plan, as required in Regulation [.46] .66 of this chapter; and

(iii) (text unchanged)

(b) (text unchanged)

(c) [A party aggrieved by a decision of the Secretary under this section shall have the right to appeal as provided under the authority of Health-General Article, §2-207, Annotated Code of Maryland.] *A person aggrieved by a decision of the Secretary under this section to deny a license application may appeal the Secretary's action by filing a request for a hearing in accordance with Regulation .79 of this chapter.*

B. Restrictions of License.

(1) Nomenclature. [Comprehensive care facilities or extended care facilities] *Nursing homes* licensed under this regulation may not use *the word "hospital"* in their title [the word "Hospital"].

(2) (text unchanged)

(3) Local Law or Ordinance, Where Applicable. [Comprehensive care facilities or extended care facilities] *Nursing homes* located in political subdivisions which require them to meet certain standards shall submit proof to the Secretary that they meet local laws, regulations, or ordinances at the time application for license is submitted.

(4)—(5) (text unchanged)

(6) Transfer or Assignment of License. If the sale, transfer, assignment, or lease of a facility causes a change in the person or persons who control or operate the facility, the facility shall be considered a "new facility" and the licensee shall conform to all regulations applicable at the time of transfer of operations. The transfer of any stock which results in a change of the person or persons who control the facility, or a 25 percent or greater change in any form of ownership interest, constitutes a sale. For purposes of Life Safety Code enforcement, the facility is considered [as] *to be* an existing facility if it has been in continuous use as a nursing home.

[Waivers] *Provisional licenses* may be granted under Regulation [.02F] .03F of this chapter.

(7) Return of License or Renewal Certificate to the Secretary of Health and Mental Hygiene. If the [comprehensive care facility or the extended care facility] *nursing home* is sold, leased, *or* discontinued, *if* the operation *is* moved to a new location, *or if* the license *is* revoked or its renewal *is* denied, the current license immediately shall become void and shall be returned to the Secretary.

10.07.02.03-1

[.03-1] .05 Licensed Bed Capacity.

A.—B. (text unchanged)

C. Request for Departmental Permission to Exceed Capacity.

(1)—(2) (text unchanged)

(3) The facility shall:

(a) (text unchanged)

(b) [Be] *Make the request* for a term not to exceed 30 days.

(4)—(6) (text unchanged)

10.07.02.04

[.04] .06 (text unchanged)

10.07.02.05

[.05] .07 Inspection by Secretary of Health and Mental Hygiene.

A. Open at all Times for Inspection. Licensed [comprehensive care facilities and extended care facilities] *nursing homes* and any premises [proposed] *that an applicant for a license proposes* to [be operated by an applicant for a license] *operate* shall be open at all times to inspection by the Secretary and by any agency designated by the Secretary.

B.—C. (text unchanged)

D. The Department shall make a site visit and conduct a full survey of each licensed nursing home at least once per calendar year.

[C.] D. (text unchanged)

.08 New Construction, Conversion, Alteration, or Addition.

A. Submission of Plans. The Architect of Professional Engineer of record shall submit stamped and sealed final construction drawings for Department record. The Architect or Professional Engineer of record shall submit a letter certifying that the project has been designed in accordance with all applicable federal, State, and local codes, laws, ordinances, and regulations for construction.

B. Service Facilities. A system of water supply, plumbing, sewerage, electrical power, garbage or refuse disposal may not be installed or extended until the Architect or Professional Engineer

of record submits stamped and sealed final construction drawings for Department record and provisional approval, in accordance with §A of this regulation. The Architect or Professional Engineer of record shall also submit a letter certifying that the project has been designed in accordance with all applicable federal, State, and local codes, laws, ordinances, and regulations.

C. New Construction. A new facility shall satisfy the review of the Maryland Health Care Commission for the establishment of new facilities and the increase or decrease in capacity of existing facilities.

(1) After obtaining approval by the Maryland Health Care Commission, the facility shall provide written verification of the approval to the Office of Health Care Quality.

(2) Verification shall include all details of the proposed facility changes, and shall include written plans that describe how all residents, staff, and the general public will be kept safe during the duration of the project.

D. Conversion, Alteration, and Additions.

(1) An existing facility that wishes to convert, alter, modify, or add to the existing infrastructure shall notify the Office of Health Care Quality in writing.

(2) The facility shall provide the Office of Health Care Quality with the documentation that verifies that the applicable local and State governmental authorities have approved work that was done.

(3) The facility shall provide additional information upon request.

10.07.02.06

[.06] .09 (text unchanged)

10.07.02.07

[.07] .10 Administration and Resident Care.

A. (text unchanged)

B. Delegation to Administrator.

(1) The licensee, if not acting as an administrator, shall appoint as administrator a responsible person who is qualified by training and experience[,] and is licensed by the Board of Examiners of Nursing Home Administrators for the State. The administrator shall be responsible for the control of the operation on a 24-hour basis and shall serve full-time, except that an administrator may, with the Department's approval, serve on a less than full-time basis for a maximum of two nursing facilities, one of which shall have a licensed capacity of 35 beds or less.

(2) The Department shall consider the following factors when [considering] *deciding* whether to approve an administrator to serve on a less than full-time basis:

(a) [Geographical] *Geographic* location of the facilities;

(b)—(e) (text unchanged)

C. Absence of Administrator. In the absence of the administrator, the facility at all times shall be under the direct and personal supervision of an experienced, trained, competent employee. When [the director of nursing serves] *serving* as relief for the administrator, [he] *the director of nursing*

shall designate an experienced, qualified registered nurse to direct the nursing service. The relief director of nursing shall be freed from other responsibilities.

D. Excessive Absenteeism of Administrator.

If the [administrator is absent from the facility an excessive amount of time and the Department determines that the] director of nursing's absence *while covering for the administrator* [from nursing service] is having an adverse effect on [patient] *resident* care[;], the Department may require the designation of a specific registered nurse who shall be named the ["]assistant director of nursing["]. The Department shall be notified of the name of the assistant director of nursing. When the designee is replaced, the Department shall be notified of the name of the registered nurse filling the vacancy.

E. Character. The administrator shall [be]:

- (1) *Be* of good moral character[;];
- (2) *Be* in good physical and mental health [;]; and [shall demonstrate]
- (3) *Demonstrate* a genuine interest in the well-being and welfare of [patients] *residents* in the facility.

F. Staffing.

(1) The administrator shall employ sufficient and satisfactory personnel as specified in this chapter to [give adequate patient care and to do feeding]:

- (a) *Provide* maintenance, cleaning, and housekeeping;
- (b) *Assist residents with eating; and*
- (c) *Give adequate resident care.*

(2) *Voluntary Admissions Ceiling.*

(a) A facility may request a ["] voluntary admissions ceiling ["] by submitting a written request to the Department to authorize a temporary restriction on [patient] *resident* admissions based upon anticipated bed usage.

(b) When the facility wishes to request that the restriction be removed, the request shall include the specific effective date and a statement that personnel staffing is sufficient to meet the State's requirements at the designated census [figure] *level*.

(c) The Department shall approve the increase in beds within 72 hours following receipt of the facility's documentation that the required additional staff is ["] in [place"] *position* to serve the increased number of beds.

(d) Management of the facility may not permit the [patient] *resident* census to exceed the admissions ceiling without prior approval from the Department.

[(3) As requested by the Department, the administrator or his designee shall telephone the Department's central bed registry, advising the Department of:

(a) The number of vacant licensed beds in the facility;

(b) The levels of care of the beds reported vacant;

(c) The types of patients who will be accepted —private, Medicare, or Medicaid.]

G. Educational Program.

(1) *The assisted living provider shall plan [An] an ongoing educational program [shall be planned and conducted for the development and improvement of] to develop and improve the*

skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled.

(2) *The assisted living provider shall maintain [Records shall be maintained] records* reflecting attendance, by name and title, and training content.

(3) In-service training shall include at least:

[(1)] (a) (text unchanged)

[(2)] (b) Fire prevention programs and [patient] *resident* related safety procedures in emergency situations or conditions;

[(3)] (c) (text unchanged)

[(4)] (d) Confidentiality of [patient] *resident* information;

[(5)] (e) Preservation of [patient] *resident* dignity, including protection of the [patient's] *resident's* privacy and personal and property rights;

[(6)] (f) [Psychophysical] *Physical, functional*, and psychosocial needs of the aged ill;

[(7)] (g)—[(8)] (h) (text unchanged)

H. Employment Records. A written application shall be on file for each employee and shall contain *at least*:

(1) Employee's [social security] *Social Security* number;

(2)—(3) (text unchanged)

(4) Past employment with documentation that references have been considered by the facility. If the employee formerly worked in a nursing home, consideration shall be given to the record as it relates to abuse of [patients] *residents*, theft, and fires;

(5) *The facility shall verify the* licensure of personnel employed as registered or licensed practical nurses [shall be verified by the facility].

(6) *Proof of criminal background check.*

I. [Supportive] *Support* Personnel. To support placement in a specific position, there shall be sufficient documentation in the employee's record reflecting his training and experience. In instances when an aide is to be assigned to a particular service such as dietary, physical therapy, or occupational therapy, the person in charge of the service shall be responsible for the evaluation and approval of the qualifications.

J. New [Supportive] *Support* Personnel.

(1) New [supportive] *support* personnel shall be credited for 50 percent of their working time until the employee's orientation program, as approved by the Department, is completed.

(2) *Employee Orientation Program.* New support personnel shall have an employee orientation program. The person in charge of the service to which the employee is assigned shall [have]:

(a) *Have* input into the contents of the orientation program; [Policies for the orientation program shall include]

(b) *Determine* the number of hours of orientation required for the various levels of [supportive] support personnel; and

(c) Following the period of orientation, [the person responsible for the orientation program and the person in charge of the service shall] indicate *the* satisfactory completion of the orientation program of the employee.

(3) The responsible department's approval shall be in writing, signed by the appropriate department head whose license number, if applicable, shall be recorded in the record.

(4) In new facilities, the director of nursing and supervisors of [the various services,] dietary *services*, housekeeping, rehabilitation *services*, and social services[,] shall be responsible for orienting the new [supportive] *support* personnel to the facility's policies and procedures and to the physical plant.

(5) There shall be a complete orientation for all the employees in life safety and disaster preparedness. The number of daily admissions of [patients] *residents* shall be controlled to allow sufficient time for on-the-job training. Before the opening of the facility all [supportive] *support* personnel shall have a minimum of 2 days of orientation training.

K.—L. (text unchanged)

M. Except where inappropriate for safety reasons, an employee and any other individual who provides a health care service within or on the premises of the facility shall wear a personal identification tag that:

(1) States the name of the individual;

(2) States the profession or other title of the individual; and

(3) Is in a readily visible type font and size.

10.07.02.07-1

[.07-1] .11 Employee Training on Cognitive Impairment and Mental Illness.

A. (text unchanged)

B. The training on cognitive impairment and mental illness shall be designed to meet the specific needs of the facility's population as determined by the staff trainer, including the following as appropriate:

(1)—(2) (text unchanged)

(3) Behavioral [intervention] *interventions* including:

(a)—(d) (text unchanged)

(4)—(7) (text unchanged)

C.—F. (text unchanged)

10.07.02.08

[.08] .12 Admission and Discharge.

A. *Written Policy.* The facility shall develop written policies, consistent with this chapter, to govern the nursing care and related medical and other services that the facility provides covering admission, transfer, and discharge policies including categories of residents accepted and not accepted by the facility, or those who are required to transfer to another level of care.

[A.] B. *Discrimination Prohibited.* A facility licensed under [these regulations] *this chapter* may not discriminate in admitting or providing care to an individual because of: [the]

(1) [race,] *Race*;

(2) [color,] *Color*;

(3) [national origin,] *National origin*;

(4) *Sexual orientation*;

(5) *Gender identity*; or

(6) [physical] *Physical* or mental [handicap] *disability* of the individual.

[B.] C. Contract. Before or at admission, a contract shall be executed by the administrator and [patient] *resident*, guardian, or responsible agency which is consistent with the requirements of Health-General Article, §19-344, Annotated Code of Maryland, "Rights of Individuals".

[C.] D. Registry. Facilities shall maintain a permanent [patient] *resident* registry in which the name of each [patient] *resident* is entered in chronological order with the date and number of entry.

[D.] E. Admission Record. A copy of the clinical record, identification, and summary sheet described in Regulation [.20B] .33 shall be used as an admission record.

[E.] F. Notification of Responsible Persons When [Patient] *Resident* Moves. [The administrator or the administrator's designee shall notify the private or public agency or relative responsible for the patient when the patient is transferred from the facility for any reason or at time of death. The attending physician shall also be notified.] *When the resident is transferred from the facility for any reason or at time of death, the administrator or the administrator's designee shall notify the attending physician and the:*

(1) *Private agency;*

(2) *Public agency; or*

(3) *Responsible party designated by the resident.*

[F.] G. Restrictions on Admission and Retention of [Patients] *Residents*. [Patients] *Residents* may not be admitted or retained if, in the judgment of the attending physician, they are:

(1)—(2) (text unchanged)

[G. Admissions Procedures for Patients with Communicable Diseases. The following procedures are to be used when admitting an individual with a communicable disease into a nursing facility:

- (1) A facility may not deny admissions to, or involuntarily discharge, an individual solely because the individual has a communicable disease;
- (2) Any facility that intends to accept an individual with a communicable disease shall notify the Department before admitting the individual; and
- (3) The Secretary or a designee of the Secretary may prohibit a facility from accepting an individual with a communicable disease if it is determined that admitting the individual with a communicable disease could pose a risk to the health, safety, or welfare of any other resident or individual associated with the facility.]

10.07.02.08-1

[.08-1] **.13 Resident's Representative.**

A. A comprehensive or extended care facility shall recognize the authority of:

- (1)—(2) (text unchanged)
- (3) An [advanced] *advance* directive that meets the requirements of Health-General Article, §5-602, Annotated Code of Maryland;
- (4)—(7) (text unchanged)

B.—C. (text unchanged)

10.07.02.09

[.09] **.14 Resident Care Policies.**

A. Written Policies. Comprehensive care facilities and extended care facilities shall develop written policies, consistent with these regulations, to govern the nursing care and related medical [or] *and* other services they provide covering the following:

(1) [Admission, transfer, and discharge policies including categories of patients accepted and not accepted by the facility, or those who are required to transfer to another level of care.] The facility's admission policy shall include [a statement as to] *information on* whether [or not medical assistance patients will be admitted and if admitted, under what circumstances] *the facility accepts Medical Assistance as a payment source and, if so, detailing how to apply to the Medical Assistance program for benefits,.*

(2) Physician services.

(3) [Patients'] *Residents'* rights.

(4)—(5) (text unchanged)

(6) Specialized rehabilitative services[—] *including* occupational therapy [services], physical therapy [services], speech pathology and audiology services.

(7)—(10) (text unchanged)

(11) [Patient] *Resident* activities.

(12)—(15) (text unchanged)

(16) Tuberculosis Surveillance[. All comprehensive care facilities and extended care facilities shall have written policies and procedures, acceptable to the Department, for tuberculosis surveillance of all residents. See] *for residents in accordance with* Regulation [.21 G] .34 of this chapter[for tuberculosis surveillance requirements].

(17)—(18) (text unchanged)

(19) [Patient] *Resident* care management.

B. *Resident Care Policy.*

(1) *A facility shall develop* [The patient] *resident* care policies [shall be developed] with the advice of[the]:

(a) *The principal physician* [() or medical staff or medical director, if applicable ()]; and [at]

(b) *At least one registered nurse.* [Policies shall be reviewed at least annually by a]

(2) *A group of professional personnel including one or more physicians and one or more registered nurses shall review the policies at least annually.*

(3) *Written policies shall be kept current with the policies used to administer the facility.*

(4) *For reference purposes, copies of the [patient] care policies shall be readily available to all personnel responsible for [patient] resident care.*

C. *Policies and Procedures.*

(1) (text unchanged)

(2) *The licensee shall submit to the Department any significant substantive changes to the policies and procedures which have occurred since review of the policies and procedures within 2 weeks of implementation of the changes.*

D. *Use of Protective Device or Devices.*

(1)—(3) (text unchanged)

(4) A [patient] *resident* in a protective device or devices shall be observed periodically by personnel, to [insure] *ensure* that the [patient's] *resident's* health *and personal care* needs are met.

(5) A [patient] *resident* who is in a protective device or devices may not be left in the same postural position for more than 2 consecutive hours.

10.07.02.10

[.10] .15 Physician Services.

A. Responsibility for the Resident's Care. The attending physician shall:

(1)—(4) (text unchanged)

(5) For a resident who is to be transferred to the care of another health care practitioner, continue to provide all necessary medical care and services pending transfer until another [physician] *health care practitioner* has accepted responsibility for the resident.

B.—F. (text unchanged)

G. Appropriate Care of Residents. The attending physician shall:

(1)—(6) (text unchanged)

(7) Respond promptly to notification of, and assess and manage adequately, reported acute and other significant clinical condition changes in residents; [and]

(8) Ensure that individuals receiving palliative care have appropriate comfort and supportive care measures; *and*

(9) *Properly refer residents to specialty services and providers when the care needs of the resident exceed the scope of the attending physician's knowledge and skill.*

H. Appropriate, Timely Medical Orders. The attending physician shall:

(1) Provide timely medical orders based on an appropriate resident assessment, review of relevant pre-admission and post-admission information[,] and age-related and other pertinent risks of various medications and treatments;

(2)—(3) (text unchanged)

I. (text unchanged)

10.07.02.11

[.11] .16 Medical Director Qualifications.

A. Medical Director Qualifications. The nursing facility shall:

(1)—(2) (text unchanged)

(3) Submit a copy of the medical director's credentials to the Department upon [:

(a) The first license renewal of the facility after the effective date of this regulation; and

(b) A] a change in medical director.

[B. The requirement specified in §A(1)(c) of this regulation becomes effective 3 years after the effective date of this regulation, but the medical director shall begin the educational process in physician management or administration within the first year from the date of employment as a medical director.]

[.11–1] .17 Medical Director Responsibilities.

A. General Responsibilities. The medical director is responsible for:

(1) (text unchanged)

(2) Monitoring and evaluating the *health care services and* outcomes [of the health care], including clinical and physician services provided to the facility's residents; and

(3) (text unchanged)

B.—D. (text unchanged)

E. Quality Assurance. The medical director shall actively participate in the facility's quality improvement process. Participation shall include:

(1) Regular *reports and* attendance at, [and reporting to,] the facility's quality improvement committee meetings; and

(2) (text unchanged)

F. Employee Health Oversight. The facility, in consultation with the medical director and other physicians, if necessary, shall establish and maintain surveillance of the health status of employees, including:

(1) Advising on the development and execution of an employee health program, which shall include provisions for determining that employees are free of communicable diseases according to current [acceptable] *accepted* standards of practice; and

(2) (text unchanged)

G.—I. (text unchanged)

10.07.02.11-2

[.11-2] .18 Facility's Responsibilities in Relation to the Facility's Medical Director

A. (text unchanged)

B. When the attending physician and medical director document a resident's medical need for a particular treatment, assistive device, or equipment, *the facility shall provide* that treatment, assistive device, or equipment [shall be provided by the facility] unless the facility documents in the quality assurance committee minutes the reason or reasons why the treatment, assistive device, or equipment should not be provided.

C. When the attending physician and medical director agree that a particular facility-developed protocol is required to ensure that quality medical care is delivered to the facility's residents, that protocol shall be implemented unless the facility documents in the facility's [patient] *resident* care committee minutes the reason or reasons why the protocol should not be implemented.

D. (text unchanged)

.19 Nursing Services.

A. Organization, Policies, and Procedures.

(1) *Nursing service shall provide care appropriate to the residents' needs with the organizational plan, authority, functions, and duties clearly defined.*

(2) *Nurses and support personnel shall be chosen for their training, experience, and ability.*

(3) *Policies and procedures shall be adopted and made available to all nursing service personnel.*

B. Signed Agreement.

(1) *A signed copy of the agreement between the nursing home and the director of nursing, showing the license number of the nurse, shall be filed with the Department upon:*

(a) *Application for an initial facility license; and*

(b) A change of director of nursing.

(2) The agreement shall specify the duties of the director of nursing.

C. Nursing Care 24 Hours a Day. There shall be sufficient licensed nursing service personnel and support personnel on duty 24 hours a day to provide appropriate bedside care to assure that each resident:

(1) Receives treatments, medications, and diet as prescribed;

(2) Receives rehabilitative nursing care as needed;

(3) Receives proper care to prevent pressure ulcers and deformities;

(4) Is kept comfortable, clean, and well-groomed;

(5) Is protected from accident, injury, and infection;

(6) Is encouraged, assisted, and trained in self-care and group activities; and

(7) Receives prompt and appropriate responses to requests for assistance.

D. Assistance by Nursing Service Personnel. Nursing service personnel shall help the resident perform daily routine dental hygiene.

E. Charge Nurse. At least one licensed nurse shall be on duty at all times and shall be designated by the director of nursing to be in charge of the nursing activities during each tour of duty. The charge nurse or nurses shall have the ability to recognize significant changes in the condition of residents and to take necessary action.

F. Charge Nurses' Daily Rounds. The charge nurse or nurses shall make daily rounds on all nursing units for which responsible, performing such functions as:

(1) Visiting each resident;

(2) Reviewing clinical records, medication orders, resident care plans, and staff assignments;
and

(3) To the degree possible, accompanying physicians when visiting residents.

G. Program of Restorative Nursing Care. There shall be an active program of restorative nursing care aimed at assisting each resident to achieve and maintain the individual's highest level of independent function including activities of daily living. This program shall include:

(1) Ambulation and range of motion;

(2) Maintaining good body alignment and proper positioning of bedfast residents;

(3) Encouraging and assisting residents to change positions at least every 2 hours to stimulate circulation and prevent pressure ulcers and deformities;

(4) Encouraging and assisting residents to keep active and out of bed for reasonable periods of time, within the limitations permitted by physicians' orders;

(5) Encouraging residents to engage in resident chosen community and independent activities and achieve independence; and

(6) Assisting residents to adjust to their disabilities and ensuring availability and use of their prosthetic and assistive devices.

H. Coordination of Nursing and Dietetic Services. Nursing and dietetic services shall establish an effective policy to ensure that:

(1) Nursing service personnel are aware of the nutritional needs and food and fluid intake of residents;

(2) Nursing service personnel provide special meals and nourishment when required;

- (3) Resident's food choices and preferences are honored as much as practical;*
- (4) Nursing service personnel promptly aid residents when necessary in eating;*
- (5) The dietetic service is informed of physicians' diet orders and of residents' nutrition-related issues; and*
- (6) Food and fluid intake of residents is observed, and deviations from normal are recorded and reported to the:*
 - (a) Charge nurse;*
 - (b) Physician; and*
 - (c) Dietetic service.*

I. In-service Education Program.

- (1) There shall be a continuing in-service education program in effect for all nursing service personnel in addition to a thorough job orientation for new personnel.*
- (2) There shall be documentation of the content of programs and names and titles of participants.*
- (3) The program, which shall be the responsibility of the director of nursing, shall be approved by the Department.*

J. Responsibility to Report Care That is Considered Questionable. If a nurse questions the care provided to any resident or believes that appropriate consultation is needed and has not been obtained, the nurse shall inform the supervisor. If indicated, the supervisor shall refer the matter to the director of nursing services. If warranted, the director of nursing shall report the matter to the medical director or principal physician.

.20 Nursing Services – Staffing.

A. Supervisory Personnel— Nursing Homes.

(1) Nursing homes shall provide at least the following supervisory personnel:

<i>Resident</i>	<i>Registered Nurses</i>
<i>(a) 2—99</i>	<i>One—full-time</i>
<i>(b) 100—199</i>	<i>Two—full-time</i>
<i>(c) 200—299</i>	<i>Three—full-time</i>
<i>(d) 300—399</i>	<i>Four—full-time</i>

(2) The director of nursing's time is included in the above requirements.

B. Hours of Bedside Care— Nursing Home.

(1) A nursing home shall employ supervisory personnel and a sufficient number of support personnel, to provide a minimum of 3 hours of bedside care per occupied bed per day, 7 days per week.

(2) Bedside hours include the care provided by registered nurses, licensed practical nurses, and support personnel.

(3) Only those hours which the director of nursing spends in bedside care may be counted in the 3 hour minimum requirement.

(4) The director of nursing's time counted in bedside care shall be documented.

C. Staffing in Nursing Home.

(1) A nursing home shall be staffed with at least one registered nurse, 24 hours per day and 7 days per week.

(2) Additional registered nurses, licensed practical nurses, and support personnel shall be employed to meet the needs of all the residents admitted. The facility shall be staffed in accordance with guidelines established by this regulation.

D. Staffing in Distinct Part Extended Care Facility.

(1) The distinct part extended care facility shall be staffed in accordance with guidelines established by this regulation.

(2) In multi-level facilities, the director of nursing shall be in charge of the entire facility.

(3) A registered nurse shall be in charge at all times of a distinct part extended care facility.

(4) Additional registered nurses, licensed practical nurses, and support personnel shall be employed to meet the needs of all the residents admitted.

E. Exception for Facilities Which Do Not Participate in a Federal Program. A facility with 40 or fewer beds which does not participate in a federal program may ask the Department to grant an exception to the above staffing pattern. If it is in the public interest and there is no hazard to the residents, the Department may grant an exception based on information which includes the:

(1) Size of the facility;

(2) Geographic location of the facility;

(3) Admission policies of the facility;

(4) Existing staffing pattern of the facility; and

(5) Number of volunteers in the activity program.

F. Nursing Service Personnel on Duty. The ratio of nursing service personnel on duty providing bedside care to resident may not at any time be less than one to 15.

.21 Nursing Services- Director of Nursing

A. Director of Nursing. The facility shall provide for an organized nursing service, under the direction of a full-time registered nurse.

B. Termination of Services of Director of Nursing.

(1) If the facility terminates the services of the director of nursing, the facility immediately shall notify the Department of the termination.

(2) The name and license number of the replacement director of nursing shall be supplied to the Department as soon as employment begins.

(3) A copy of the agreement between the facility and the replacement shall be sent to the Department.

C. Director of Nursing's Vacancy Exceeding 30 Days. If the position of director of nursing remains vacant for a period of 30 days, the facility's license may be revoked unless the administrator and the governing body are able to demonstrate that they have made every effort to obtain a replacement.

D. Relief for Director of Nursing. When the director of nursing is absent, the individual shall designate an experienced, qualified registered nurse to direct the nursing service. In facilities in which the director of nursing serves as relief for the administrator, the director of nursing shall designate a specific registered nurse who shall be in charge of the nursing service while the director of nursing covers for the administrator.

E. Responsibilities of the Director of Nursing. The responsibilities of the director of nursing shall include:

- (1) Assisting in the development and updating of statements of nursing philosophy and objectives to define the type of nursing care the facility shall provide;*
- (2) Preparation of written job descriptions for nursing service personnel;*
- (3) Planning to meet the total nursing needs of residents to be met and recommending the assignment of a sufficient number of supervisory and support personnel for each tour of duty;*
- (4) Development and maintenance of nursing service policies and procedures to implement the program of care;*
- (5) Participation in the coordination of resident services through appropriate staff committee meetings on issues relating to:*
 - (a) Pharmacy;*
 - (b) Infection control;*
 - (c) Resident care policies;*
 - (d) Quality assurance programs; and*
 - (e) Departmental meetings.*
- (6) Cooperation with administration in planning the orientation program and the staff development program to upgrade the competency of personnel;*
- (7) Assurance that nursing personnel understand the philosophy and meet the objectives;*
- (8) Participation in planning and budgeting for nursing services;*

(9) Establishment of a procedure to ensure that nursing service personnel, including private duty nurses, have valid and current Maryland licenses;

(10) Execution of resident care policies unless delegated to the principal physician or medical director;

(11) Participation in the selection of prospective admissions to ensure that the facility's staff is capable of meeting the needs of all residents admitted;

(12) Coordination of the interdisciplinary resident care management efforts; and

(13) Supervision of medicine aides to ensure that the individual acts within the limitations and restrictions placed on them.

F. Delegation of Responsibilities. Responsibilities delegated to other staff besides the Director of Nursing shall have a clear delegation of authority.

G. Daily Rounds—Director of Nursing.

(1) Although daily rounds are primarily the responsibility of the charge nurse or nurses, the director or assistant director of nursing shall periodically make clinical rounds to nursing units, randomly reviewing clinical records, medication orders, resident care plans, staff assignments, and visiting residents.

(2) Upon request, the director or assistant director of nursing may accompany physicians visiting resident.

H. Director of Nursing's Continuing Education. The director of nursing shall assume responsibility for maintaining professional competence of staff through their participation in education programs.

10.07.02.13

[.13] .22 Dietetic Services

A. (text unchanged)

B. Supervision.

(1) In facilities [exceeding] *with more than* 50 beds, overall supervisory responsibilities for the [dietetic] *food service department and food production* shall be assigned to a full time [qualified dietetic service supervisor] *certified dietary manager*. [It shall be the responsibility of the supervisor to] *The certified dietary manager shall* delegate relief duties to [a person] *an individual* qualified to serve as relief *as stated in Regulation .14*. [(See Supportive Personnel, Regulation .07, of this chapter.)]

(2) In facilities with [26 — 50 beds] *50 or fewer beds*, exceptions may be made by the Department to allow the [supervisor] *certified dietary manager* to share cooking responsibilities with the full-time cook.

[(3) In facilities with 25 beds or fewer, responsibility may be assigned to the full-time cook.

(4) If a facility can demonstrate that because of the experience and training of its personnel and the physical layout and equipment, less supervisory personnel is required, the Department may modify the above requirements for supervision.]

C. Consultation.

(1) If the [supervisor] *certified dietary manager (CDM)* is not a *licensed registered* dietitian, the individual shall receive regularly scheduled consultation from a *licensed* registered dietitian [or other qualified person].

(2)—(3) (text unchanged)

D. Staffing.

(1) A sufficient number of food service personnel shall be employed to [carry out] *perform* efficiently the functions of the [dietetic] *food and nutrition* service and meet the dietary needs of the [patient] *residents*;

(2) Working hours shall be scheduled to ensure that the [dietetic] *nutritional* needs of the [patients] *residents* are met;

(3) Nursing, housekeeping, laundry, or other personnel may not be [utilized] *used* as [dietetic] *food service* staff. Exceptions [may], *such as in a culture change setting, shall* be [made only upon] *based on* the written approval of the Department. The kitchen may not be used for any purpose other than the preparation of food.

E. Adequacy of Diet.

(1) The food and nutritional needs of [patients] *residents* shall be met in accordance with physicians' orders.

(2) To the extent medically possible, the current "Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences", adjusted for age, sex, and activity shall be observed.

(3) [Agency Note]The "Diet Manual for Long-Term Care [Patients] *Residents*" as published by the Department or any other similar reference material, which contains food allowances and guides for regular and therapeutic diets [may] *shall* be used.

F. Therapeutic Diets. Therapeutic diets shall be planned, prepared, and served as prescribed by the attending physician:

- (1) Therapeutic diets shall be planned by a *licensed* registered dietitian [or other qualified person];
- (2) Preparation and serving shall be supervised by a [qualified dietetic supervisor] *certified dietary manager; and*
- (3) (text unchanged)

G. Frequency and Quality of Meals.

- (1) At least three meals or their equivalent shall be [served] *offered* daily, at regular times, with not more than 14-hour intervals between the substantial evening meal and breakfast.
- (2) A substantial evening meal is an offering of three or more menu items at one time, one of which includes a high quality protein such as meat, fish, eggs, or cheese. This meal represents [no less than] *at least* 20 percent of the day's total nutritional requirements.
- (3) To the extent medical orders permit, bedtime nourishments shall be offered routinely to all [patients] *residents*.
- (4) If [the] *a* four or five meal a day plan is used, the meal pattern to provide this plan shall be approved by the Department.

H. Advance Planning and Posting of Menus.

- (1) Residents shall be given the opportunity to participate in planning menus. Menus shall be written at least 1 week in advance.

(2) The current week's basic menu shall be posted in one or more easily accessible places in the [dietetic service] *food services* department and in the [patient area] *common areas*.

(3) *Menus shall include alternatives of similar nutritive value that give residents the opportunity to choose meals that they prefer. The dietary preferences of a resident shall be ascertained, including preferences arising from a resident's religious, cultural, and ethnic heritage, and efforts shall be made to meet those preferences.*

I.—J. (text unchanged)

K. Preparation of Food.

(1) Foods shall be prepared by methods that conserve nutritive value, flavor, and appearance, and shall be served at proper temperatures, in a form to meet individual needs.

(2) Standardized recipes adjusted to appropriate yield shall be followed. Standardized recipes are those recipes which have been tested by the facility or another source [which assure] *and that ensure* [consistency in] *consistent* quality and quantity.

L. Resident Directed Meal Pattern. If a resident-directed meal pattern is provided, the following is required:

(1) *Counseling regarding the risks and benefits of a resident-selected diet should be provided and documented within the medical record; and*

(2) *The pattern shall be acknowledged by both the resident's physician and a licensed registered dietitian.*

10.07.02.14

[.14].23 Specialized Rehabilitative Services — Occupational Therapy Services, Physical Therapy Services, Speech Pathology and Audiology Services.

A. Rehabilitative Services—Admission Policies. In those facilities which do not accept [patients] *residents* in need of specialized rehabilitative services, the minimal acceptable restorative service shall be the restorative nursing care plan designed to maintain function or improve the [patient's] *resident's* ability to carry out [the] activities of daily living as set forth in Regulation [.12S] .19 and .21, of this chapter, Program of Restorative Nursing Care.

B. Arrangements for Services.

(1) If a facility's admission policies include the admission of [patients] *residents* requiring rehabilitative services, the facility shall provide, or arrange for under written agreement, specialized rehabilitative services by qualified personnel [(], such as physical therapist, speech - language pathologist and audiologist, and occupational therapist[)].

(2) Initiation of services to meet the rehabilitative needs of the [patient] *resident* shall occur within [48] 36 hours [(], excluding Saturday [and], Sunday [)], *State and federal holidays*, of the physician's order for the specialized service.

(3) The [patient] *resident* may not be accepted for admission if at least one service [could not] *cannot* be initiated within the [48] 36-hour period [(], excluding Saturday and Sunday [)].

C. Policies and Procedures.

(1) Written administrative and [patient] *resident* care policies and procedures shall be developed for rehabilitative services by appropriate rehabilitation team members and representatives of the medical, administrative, and nursing staff.

(2) Policies shall provide for the coordination of rehabilitative services and the rehabilitative aspects of nursing.

D. (text unchanged)

E. [Physicians'] *Physician's* Orders.

(1) Specialized rehabilitative services shall be provided only [upon] *on* written orders of the attending physician.

(2) Orders shall include modalities to be used, frequency, and anticipated goals [,] and shall be made a part of the [patient] *resident* care plan.

(3) [Unless medically contraindicated, the] *The* physician shall [discuss] *review* with the [patient] *resident* or [his] *the* family or sponsor the goals and the treatment program. The frequency of communications between the physician and the rehabilitation team members shall [be governed by the status and] *depend on* changes in the [patient] *resident* and [his] *the resident's* medical status.

F. Progress Notes.

(1) Within 2 weeks of [the] referral to specialized rehabilitative services, the rehabilitation team members shall provide [to] the attending physician *with* a written report of the evaluation, including goals and progress of the [patient] *resident*.

(2) Progress notes *related to rehabilitative services* shall be written at least every 2 weeks.

G. Reevaluation of [Patient's] *Resident's* Progress.

(1) The physician and the rehabilitation team members shall reevaluate the [patient's] *resident's* progress as necessary, but at least every 30 days.

(2) The physician may document on the record that [his] *the* reevaluation may be less frequent but in no case may [his] *the* reevaluation exceed 60 days. [Appropriate action shall be taken.]

H. [Patient's] *Resident's* Record.

(1) The physician's orders, the initial evaluations, the plan of rehabilitative care, goals, services rendered, evaluations of progress, and other pertinent information shall be [recorded]:

(a) *Recorded* in the [patient's] *resident's* medical record [,]; and [shall be dated]

(b) *Dated* and signed by the [physician]:

(i) *Physician* ordering the service; and

(ii) [the person or persons] *Those disciplines* who provided the service.

(2) The record and progress notes concerning the [patient] *resident* shall reflect at all times the most recent and current status of the [patient] *resident*, including current short-term and long-term goals.

I. Proof of Licensure. The facility shall maintain a file which includes proof of current licensure of all the rehabilitative services' personnel.

J. (text unchanged)

10.07.02.14-1

[.14-1] .24 Special Care Units — General.

A. A facility which holds a current and valid operating license may establish special care units with the approval of the:

(1) Office of [Licensing and Certification Programs and the Department's Division of Engineering and Maintenance] *Health Care Quality*; and

(2) *Department's Office of Capital Planning, Budgeting and Engineering Services.*

B. (text unchanged)

C. The facility shall obtain Departmental approval of the following pertaining to the special care unit:

(1) (text unchanged)

(2) An organization chart of the special care unit and its [inter-relatedness] *relationship* to the rest of the nursing facility;

(3)—(4) (text unchanged)

(5) A quality assurance plan which includes:

(a) (text unchanged)

(b) Identification of the [most important] *predominant* aspects of care provided;

(c)—(i) (text unchanged)

(6) Policies and procedures, including:

(a) (text unchanged)

(b) The administration of [medicines unique to the needs of] *medications that are relevant to* the special care residents;

(c)—(e) (text unchanged)

(7)—(8) (text unchanged)

(9) An inventory of [the] *any* specialized equipment to be housed [in] *on* the unit to provide services in the special care unit.

D.—E. (text unchanged)

F. Staffing. The facility shall ensure that each unit is sufficiently staffed with qualified personnel to provide appropriate treatment and [special] *meet the* care needs of the residents.

G. (text unchanged)

H. Design.

(1) A special care unit shall meet the general construction requirements of Regulations [.06, and .26] .09, .40 and .41, of this chapter, and the requirements in this regulation.

(2) The facility shall ensure that floor space allocated to each bed meets minimum requirements listed in Regulation [.28] .50 of this chapter, and is sufficient to accommodate the special equipment necessary to meet the needs of residents.

I.—J. (text unchanged)

10.07.02.14-2

[.14-2] .25 Special Care Units — Respiratory Care Unit.

A. A respiratory care unit shall meet the:

(1) General requirements established for all special care units as outlined in Regulation [.14-1] .24 of this chapter; and

(2) (text unchanged)

B. The facility shall submit to the Department and obtain approval of the following:

(1) All documents required in Regulation [.14-1] .24 of this chapter;

(2) Policies and procedures for all aspects of care as outlined in Regulation [.14-1 (6)] .24 of this chapter, and the following:

(a) Qualifications, duties, and responsibilities of staff, including the staff who are permitted to perform the following procedures:

(i)—(iii) (text unchanged)

(iv) Therapeutic *chest* percussion and vibration;

(v)—(viii) (text unchanged)

(b) (text unchanged)

C. Physician Coordinator. If the facility's medical director does not have special training and experience in diagnosing, treating, and assessing respiratory problems, the facility shall [hire] *employ or contract with* a [physician] *Board-certified pulmonologist* who has the special knowledge and experience to provide:

(1) (text unchanged)

D. Staffing. The facility shall ensure that:

(1) The nurse manager or the Director of Nursing of vent units shall possess a background in ventilator care or be qualified in ventilator management.

[(1)] (2)—[(2)] (3) (text unchanged)

[(3) As appropriate, respiratory care personnel are competent in the following:

(a) The fundamentals of cardiopulmonary physiology and of fluids and electrolytes;

(b) The recognition, interpretation, and recording of signs and symptoms of respiratory dysfunction and medication side effects, particularly those that require notification of a physician;

- (c) The initiation and maintenance of cardiopulmonary resuscitation and other related life-support procedures;
- (d) The mechanics of ventilation and ventilator function;
- (e) The principles of airway maintenance, including endotracheal and tracheostomy care;
- (f) The effective and safe use of equipment for administering oxygen and other therapeutic gases and for providing humidification, nebulization, and medication;
- (g) Pulmonary function testing and blood gas analysis, when these procedures are performed within the respiratory care unit;
- (h) Methods that assist in the removal of secretions from the bronchial tree, such as hydration, breathing and coughing exercises, postural drainage, therapeutic percussion and vibration, and mechanical clearing of the airway through proper suctioning technique;
- (i) Procedures and observations to be followed during and after extubation; and
- (j) Recognition of and attention to the psychosocial needs of residents and their families.]

E. Design

(1) Emergency Power. The facility unit shall meet all applicable requirements in Regulation [.26 F] .47 of this chapter for emergency electrical power, including the provision of:

(a)—(b) (text unchanged)

(2) (text unchanged)

(3) *Piped Medical Gas Systems.*

(a) All vendors and staff involved in installing, inspecting, testing and servicing of medical gas systems for this chapter shall be trained and accredited, and shall maintain such accreditation, per NFPA 99 Health Care Facilities Code.

(b) The facility shall ensure that all piped medical gas systems adhere to the following standards:

(i) NFPA 99 Health Care Facilities Code ; and

(ii) NFPA 101 Life Safety Code;

(c) The standards as described in NFPA 99 Health Care Facilities Code shall adhere to those as specified for Level 1 facilities, where an interruption of the piped medical gas system, specifically oxygen, would immediately jeopardize residents' life and health.

F. The facility shall provide pulmonary function testing[,] and blood gas or pulse analysis capability onsite or through contractual arrangements with providers who meet applicable State and federal laws and regulations.

G. (text unchanged)

.26 Special Care Units-Dementia Care.

A. A dementia care unit shall meet the:

(1) General requirements established for all special care units as outlined in Regulation .24 of this chapter; and

(2) Requirements of this regulation.

B. Secured units shall meet the established standards set forth in NFPA 99 Health Care Facilities Code and NFPA 101 Life Safety Code, as are applicable to nursing home.

.27 Pharmaceutical Services.

A. Duties of the Facility.

(1) The facility shall provide appropriate methods and procedures for administering drugs and biologicals to the facilities' residents.

(2) The facility shall provide pharmaceutical services in accordance with accepted professional standards and related federal, State, and local laws.

B. Duties of the Pharmaceutical Services Committee.

(1) A pharmaceutical services committee, or its equivalent, shall develop written policies and procedures for safe and effective drug therapy, distribution, control, and use.

(2) The composition of the committee shall include at least:

(a) The pharmacist;

(b) The director of nursing services;

(c) The consultant dietitian;

(d) One physician; and

(e) The administrator.

(3) The committee shall meet at least quarterly to establish policies and procedures.

(4) There shall be an agenda to guide meeting participants.

(5) All members of the committee shall review revisions of policies and procedures before implementing any changes.

(6) The pharmaceutical services committee may not develop policies and procedures that prohibit or restrict a resident from receiving medications from the pharmacy of the resident's choice.

(7) In cases where the cost of any medication obtained from the pharmacy selected by the resident exceeds the cost of the same or equivalent medication available through a pharmacy that the facility has contracted with to provide pharmaceutical services, the resident shall be responsible for the additional amount.

(8) The committee may not require the pharmacy to provide drugs by way of a specific drug distribution system such as unit dose or use of a particular packaging system.

(9) The committee shall establish the contents of sealed emergency drug kits.

(10) The committee shall oversee the accuracy and adequacy of pharmaceutical services to the facility.

(11) The committee shall make recommendations for improvements to pharmaceutical services.

(12) The committee shall document its actions and recommendations.

B. Labeling.

(1) Medications shall be accurately and plainly labeled. Except for those over-the-counter medications that the Department may list as suitable for purchasing in bulk and dispensing as needed, the labels for all medications shall bear at least:

(a) The resident's full name;

(b) The name of the drug;

(c) Strength;

(d) Original filling date and date refilled, if applicable;

(e) Name of authorized prescriber;

(f) Expiration date of medication (month, year);

(g) Any special handling and storage instructions ;

(h) Name and address of dispensing pharmacy;

(i) Prescription number;

(j) Number of tablets or capsules; and

(k) Accessory federal labels.

(2) A nurse may not package, repack, bottle, or label any medication, in whole or in part, or alter any labeled medication in any way.

C. Storage

(1) The facility shall store medications in a locked medication storage area that:

(a) Is well lighted;

(b) Is located where personnel preparing drugs for administration will not be interrupted;

(c) Is spacious enough to allow separate storage of external and internal medications;

(d) Is kept in a clean, orderly and uncluttered manner; and

(e) Contains a refrigerator to be used for medication storage only.

(2) The facility shall keep poisons and medications marked "for external use only" separate from general medications and Schedule II drugs.

D. Schedule II Drugs.

(1) Schedule II drugs shall be kept in separately locked, securely fixed boxes or drawers in the storage area, under two locks. The lock on the door of a medication room shall be counted as one of the two locks.

(2) A nurse and a second staff member who is a nurse or an administrator may destroy controlled dangerous substances in Schedules II, on the premises of the nursing home.

(a) A record of the disposal, in addition to any other required records shall be maintained in the facility.

(b) A copy of the record of disposal shall be forwarded to the Division of Drug Control.

(3) A facility, whether or not operating a licensed pharmacy, shall maintain a signed record of a Schedule II count at each change of shift.

(4) A facility that administers Schedule II drugs shall maintain a drug record that documents:

(a) The name of the resident;

(b) The date, time, kind, dosage, and method of administration of all Schedule II drugs; and

(c) The name of the authorized prescriber who prescribed the medication.

.28 Pharmaceutical Management.

A. Unit Dose System.

(1) A facility shall obtain the approval of the Office of Health Care Quality before installing a unit dose system.

(2) If a facility plans to make substantial changes to a previously approved system, prior approval is required.

(3) Medications not specifically limited as to time or number of doses when ordered shall be automatically stopped in accordance with the written policy approved by the committee.

B. Administration Procedures.

(1) Medications, legend and non-legend, administered to residents shall be ordered in writing by the resident's physician.

(2) Medications shall be administered by:

(a) Appropriately licensed personnel in accordance with laws and regulations governing these acts; or

(b) By certified graduates of a State-approved medication aide course.

(3) The individual who prepares medications shall give and record them.

(4) Medicine may not be returned to the container. If the resident refuses the drug or if a mistake occurs:

(a) The drug shall be discarded; and

(b) The occurrence shall be documented in the resident's chart.

(5) Before invoking stop order policies, the resident's attending physician shall be contacted for instructions so that continuity of the resident's therapeutic regimen is not interrupted. If the attending physician cannot be reached, the medical director shall be contacted for instructions.

C. Pharmaceutical Services.

(1) The facility shall arrange for pharmacies that provide medications for residents in the facility. The pharmacy shall agree in writing to maintain at the pharmacy a resident profile record system for each resident in the facility for whom prescriptions are dispensed.

(2) If the facility does not employ a licensed pharmacist, the facility shall arrange by written contract for a pharmacy to provide consultation on administering the pharmacy services in accordance with the policies and procedures established by the pharmaceutical services committee. Pharmaceutical services shall be under the general supervision of a licensed pharmacist who shall:

(a) With the advice of the pharmaceutical services committee, be responsible to develop, coordinate, and supervise the pharmaceutical services and provide in-services at least twice yearly;

(b) Visit the facility frequently enough to assure that policies and procedures established by the pharmaceutical services committee are enforced;

(c) Notify the attending physician of any potential drug problems found during the drug regimen review; and

(d) At least quarterly, submit a report to the pharmaceutical services committee on the status of the facility's pharmaceutical services and staff adherence to policies and procedures.

D. Resident Designated Pharmacy.

(1) Inform a pharmacy that a resident designates to provide medications of the requirement to comply with the facility's written policies concerning the provision of drugs.

(2) A designated pharmacy shall agree to comply with the facility's policies.

(3) If the pharmacy fails to comply with the policies, a representative of the facility shall discuss the situation with the pharmacy and the resident, and if the pharmacy subsequently refuses to follow the policies, the resident shall select another pharmacy that agrees to comply.

(4) The pharmacy shall have access to a copy of the written pharmaceutical care policies.

(5) The pharmacy shall be responsible for delivering medications to the facility. Members of the resident's family or the responsible party for the resident may not deliver medications to the resident or to the facility.

E. Medication Return and Disposal.

(1) The facility shall return all prescribed medications, for residents who have been discharged or otherwise departed, to the pharmacy in accordance with the facility's policy.

(2) The facility shall destroy adulterated, deteriorated, or outdated medications in the following manner:

(a) Disposal shall occur in the presence of two witnesses who are authorized by the facility; and

(b) The witnesses shall document the disposal in the resident's chart.

(3) The facility shall only release prescribed medications to residents at the time of discharge based on the written authorization of the resident's authorized prescriber.

(4) Each month, the facility shall perform a drug regimen review on each resident's records at the facility and document the findings in the resident's medical record.

F. Administration of Medications for Leave of Absence of 24 Hours or Less.

(1) A facility shall develop policies and procedures to ensure that a resident or, if the resident lacks the capacity, the resident's family or other individual accompanying the resident is informed, both orally and in writing, on how the resident shall safely and correctly take the resident's medications.

(2) *In accordance with a facility-developed procedure, a licensed nurse shall prepare medications to be sent with a resident.*

[.16] .29 Laboratory and Radiologic Services.

A.—C. (text unchanged)

D. Reports of Findings. The *facility shall notify the* attending physician [shall be notified] promptly of the findings. [Signed] *The facility shall file signed* and dated reports of diagnostic services [shall be filed with] *in the* [patient's] *resident's* medical record.

E. Transportation. The facility shall assist the [patient] *resident*, if necessary, in arranging [for] transportation to and from the source of service.

F.—G. (text unchanged)

H. Transfusion Services. If the facility [does not provide its own facilities but does provide] *only provides* transfusion services [alone], it shall meet at least the requirements in [Regulation.09F—H under] COMAR 10.10.02.

10.07.02.17

[.17] .30 Dental Services.

A. Provision for Dental Care. [Patients] *Residents* shall be assisted to obtain routine and emergency dental care.

B. Advisory Dentist. There shall be an advisory dentist [, licensed to practice in the State,] who shall:

(1) Recommend oral hygiene policies and practices for the care of the [patients] *residents* and for arrangements for emergency treatment;

(2) (text unchanged)

(3) Provide direction for in-service training to give the nursing staff an understanding of [patients'] *residents'* dental problems.

[C. Assistance by Nursing Personnel. Nursing personnel shall assist the patient in carrying out routine dental hygiene.]

[D.] C. (text unchanged)

[E.] D. Transportation. Arrangements shall be made, when necessary, for the [patient] *resident* to be transported to the dentist's office.

10.07.02.18

[.18] .31 Social Work Services.

A. Services Provided. The facility shall provide or make arrangements for services to identify and meet the [patient's] *resident's* medically related *physical*, social, and emotional needs.

[B. Designated Staff Responsibility. A member of the facility's staff shall be assigned responsibility for social services. If the designee is not a certified social worker, the facility shall effect an agreement with a qualified social work consultant. The agreement shall provide for sufficient hours of consultation to assure that the staff's services meet the medically related social and emotional needs of the patients.]

B. Social Work Staff Responsibility.

(1) Social services responsibilities in the facility shall be assigned to a:

(a) Licensed Bachelor Social Worker;

(b) Licensed Graduate Social Worker;

(c) Licensed Certified Social Worker; or

(d) Licensed Certified Social Worker–Clinical.

(2) If the social worker is not a licensed certified social worker (LCSW) or a licensed certified social worker – clinical (LCSW-C), the facility shall arrange for an LCSW or LCSW-C to provide sufficient hours of supervision.

(3) On or before January 1, 2021, a license is not required for an employee to provide social services other than the practice of clinical social work if:

(a) On the effective date of these regulations the employee was assigned responsibility for social services; and

(b) The facility has an agreement with a qualified social work supervisor that provides for sufficient hours of supervision to assure that the employee's services meet the medically related physical, social, and behavioral health needs of the residents.

C. Social History. [The written social history] *Within 7 days after admission, the social worker shall [be initiated within 7 days after admission. The] initiate a written social history, which shall be as complete as possible and shall include:*

(1) Social data about personal and family background to provide understanding of the [patient] resident and how [he] the resident functions; and

(2) Information regarding current personal and family circumstances and attitudes as they relate to [patient's] the resident's illness and care.

D. (text unchanged)

E. Space. Facilities shall provide:

(1) Space for social work personnel, accessible to [patients] *residents*, medical, and other staff;

(2) Privacy for interviews.

10.07.02.19

[.19] .32 [Patient] Resident Activities.

A. Activities Program. The facility shall provide [for a]:

(1) A program of structured and unstructured activities[.];

(2) *Activities* designed and monitored appropriately to meet the day-to-day needs and interests of each [patient, to] *resident and* encourage [self-care, resumption of normal activities, and maintenance]:

(a) *Self-care*;

(b) *Engagement in resident-selected activities; and*

(c) *Maintenance* of an [optional] *optimal* level of psychosocial functioning.

B. Staffing. A staff member *who is* qualified by experience or training shall be appointed to be responsible for the activities program. If the designee is not a qualified [patient] *resident* activities coordinator as defined in Regulation [.01Y.] .01 of this chapter, the Department may approve the designee based on the person's education, performance, and experience.

C. (text unchanged)

D. Restrictions on Participation Documented on Chart. The physician shall [note on] *document* in the [patient's] *resident's* chart any restrictions applicable to the [patient's] *resident's* participation in the activities program.

E. Objective. The activities shall be designed to promote the general health, physical, social, and mental well-being of the [patients] *residents*.

F. Space, Supplies. [Adequate] *The facility shall provide adequate* space and a variety of supplies and equipment [shall be provided by the facility] to satisfy the appropriate individual activity needs of [patients] *residents*.

10.07.02.20

[.20].33 Clinical Records.

A. Records for all [Patients] *Residents*. Records for all [patients] *residents* shall be maintained in accordance with accepted professional standards and practices.

B. Contents of Record. Contents of record shall [be] *include*:

(1) Identification and summary sheet or sheets including [patient's]:

(a) *Resident's* name[, social security];

(b) *Social Security* number [, armed];

(c) *Armed* forces status[, citizenship, marital,];

(d) *Citizenship*;

(e) *Marital* status[, age, sex. home];

(f) *Age*;

(g) *Sex*;

(h) *Home* address[,]; and [religion;]

(i) *Religion*.

(2) Names, addresses, and telephone numbers of referral agencies [(including [a hospital]):

- (a) *Hospital* from which admitted[, personal];
 - (b) *Personal* physician[, dentist, partents'];
 - (c) *Dentist*;
 - (d) *Parents'* names or next of kin[, authorized] ; or
 - (e) *Authorized* representative;
- (3) Documented evidence of assessment of the [needs].
- (a) *Needs* of the [patient] *resident*[,of establishment];
 - (b) *Establishment* of an appropriate [plan of] initial and ongoing treatment [, of the care] *plan*;
and
 - (c) *Care* and services provided[;].
- (4) Authentication of hospital diagnoses [(], *based on a* discharge summary, report from *the* [patient's] *resident's* attending physician, or transfer form[)];
- (5) Consent forms when required [(]such as consent for administering investigational drugs, for burial arrangements made in advance, for release of medical record information, for handling of finances[)];
- (6) Medical and social history of *the* [patient] *resident*;
- (7)—(12) (text unchanged)
- (13) [Discipline assessment] *Assessments done by various disciplines*; and
- (14) (text unchanged)

C. Staffing. An employee of the facility shall be designated as the person responsible for the overall supervision of the medical [record] *records* service. There shall be sufficient [supportive] *support* staff to accomplish all medical [record] *records* functions.

D. Consultation. If the medical records supervisor is not a qualified medical record practitioner, the Department may require that the supervisor receive consultation from a *qualified* person [so qualified].

E. Completion of Records and Centralization of Reports.

(1) Current medical records and those of discharged [patients] *residents* shall be completed promptly.

(2) All clinical information pertaining to a [patient's] *resident's* stay shall be centralized in the [patient's] *resident's* medical record.

F. Retention and Preservation of Records.

(1) Medical records shall be retained for a period of [not less than] *at least* 5 years from the date of discharge or, in the case of a minor, 3 years after the [patient] *resident* becomes of age or 5 years, whichever is longer.

(2) *The facility shall maintain and dispose of a client's medical records in accordance with Health-General Article, Title 4, Subtitle 3 and 4, Annotated Code of Maryland.*

G. Current Records—Location and Facilities. The facility shall maintain adequate space and equipment, conveniently located, to provide for efficient processing of medical records [(reviewing, indexing, filing, and prompt retrieval)].

H. Closed or Inactive Records. Closed or inactive records shall be filed and stored in a safe place [() , free from fire hazards()], which provides for confidentiality and, when necessary, retrieval.

I. Electronic Health Records.

(1) A facility that uses electronic health records exclusively or along with a paper based medical record shall comply with this chapter and all applicable State and federal laws, including laws governing privacy and security of records.

(2) Staff and facility approved practitioners shall be trained in the use of electronic health records.

(3) A facility that uses electronic health records shall:

(a) Ensure access to residents as specified in COMAR 10.07.09.08C (13) and (14); and

(b) On request, provide the resident with copies of the resident's medical records at a reasonable cost and in the resident's preferred format.

(4) A facility shall provide full access to electronic health records in accordance with all applicable laws and regulations to:

(a) Representatives of the Department as set forth in COMAR 10.07.02.07;

(b) Ombudsman as set forth in Human Services Article, §10-905, Annotated Code of Maryland; and

(c) Other legal representatives as set forth in COMAR 10.07.09.08 and authorized by law to obtain access.

(5) A facility shall develop a system to ensure that facility staff have access to residents' health records in the event of a failure of the facility's electronic medical record system.

10.07.02.21

[.21].34 Infection Prevention and Control Program.

A. Infection *Prevention and Control* Program. The facility shall establish, *implement, and* maintain[, and implement] an effective infection *prevention and* control program that:

(1)—(2) (text unchanged)

(3) Maintains a record of infections in the facility[, and the corrective actions that were taken related to infections; and

(4) Monitors and evaluates the:

(a) Effectiveness of the infection *prevention and* control program by surveying rates of infection, especially of [those residents who have an especially high risk of infection] *infection rates that are significantly higher than usual; and*

(b) Effective implementation of the policies and procedures that are outlined in §[F] E(1) of this regulation.

B. *Infection Preventionist.*

(1) The facility shall assign at least one [individual with education and] *infection preventionist that has attended* training in infection surveillance, prevention, and control to [be responsible for approving actions to prevent and control infections.] *actively manage the facility's infection prevention and control program.*

(2) *The infection preventionist shall attend or have attended a basic infection prevention and control training course that is approved by the:*

(a) *Office of Health Care Quality; and*

(b) Office of Infectious Disease Epidemiology and Outbreak Response for the Department.

(3) This position shall be staffed at a ratio of 1.0 Full Time Equivalents for every 200 beds.

[C. Effective January 1, 2005, the facility's infection control coordinator shall attend a basic infection control training course that is approved by the Office of Health Care Quality and the Office of Epidemiology and Disease Control Program for the Department.]

[D.] C. The facility shall have mechanisms for communicating the results of infection control activities to employees [,] and *to* the individual or individuals who are responsible for improving the facility's performance.

[E.] D. The facility's communication mechanism shall ensure that [the]:

(1) The administrator, director of nursing, and the medical director receive and address reports of infection prevention and control findings and recommendations in a timely manner; and

(2) These reports are reviewed and approved by a facility committee that has oversight of the infection prevention and control program.

[F.] E. Infection Prevention and Control Policies and Procedures.

(1) The infection *prevention and control* program shall establish written policies and procedures to *identify*, investigate, control, and prevent infections in the facility including policies and procedures to:

(a) Identify [facility] *health care*-associated infections and communicable diseases in accordance with COMAR 10.06.01;

(b) Report occurrences of certain [communicable] *infectious* diseases and outbreaks of [communicable] *infectious* diseases to the local health department in *a timely manner in*

accordance with COMAR 10.06.01 and Health-General Article, §18-202, Annotated Code of Maryland;

(c) Institute appropriate [infection control steps] *control measures* when an infection *or outbreak of infections* is suspected or identified in order to control infection and prevent spread to other residents;

(d) Perform surveillance *for healthcare-associated and community-associated infections* of residents and employees [at appropriate intervals] *using definitions and methods approved by the infection prevention and control oversight committee* to monitor and investigate causes of infection, [facility-associated and community acquired,] and the manner [in which it was] *that the infection is spread;*

(e) Train employees about infection *prevention and control*, [and hygiene] including:

(i) [Hand] *Standard precautions and hand hygiene;*

(ii) Respiratory [protection] *hygiene and cough etiquette;*

(iii) Soiled laundry and linen processing;

[(iv) Needles, sharps, or both;]

(iv) Safe handling of needles and sharps and safe injection techniques;

(v) Special medical waste handling and disposal; [and]

(vi) Appropriate use of antiseptics and disinfectants[.] ;

(vii) Blood borne pathogens, including hepatitis B and C and human immunodeficiency virus;

(viii) Tuberculosis exposure; and

(ix) *Proper use and wearing of personal protective equipment, such as gloves, gowns, and eye protection;*

(f) Train and [monitor] *perform compliance monitoring of employee application of infection prevention and control [and aseptic techniques; and] activities, such as hand hygiene and personal protective equipment used for isolation precautions;*

(g) Review the infection *prevention and control program elements* at least annually and revise as necessary[.]; *and*

(h) *Obtain annual approval of infection prevention and control program activities by the infection prevention and control oversight committee.*

(2) The facility shall provide information concerning the [communicable] *infectious* disease status of any resident being transferred or discharged to any other facility, including a funeral home.

(3) The facility shall obtain information concerning the [communicable] *infectious* disease status of any resident being transferred or [discharged] *admitted* to the facility *from elsewhere*.

G. Preventing Spread of Infection.

(1) (text unchanged)

(2) The facility shall take appropriate infection *prevention and control* [steps] *measures* to prevent the transmission of [a communicable] *an infectious* disease to residents, employees, and visitors as outlined in the following guidelines:

(a) Guideline for Isolation Precautions: *Preventing Transmission of Infectious Agents* in [Hospitals] *Healthcare Settings; and*

(b) (text unchanged)

(3) The facility shall prohibit employees with [a communicable] *an infectious* disease or with infected skin lesions from *having* direct contact with residents or their food if direct contact could transmit the disease.

(4) The facility shall require employees to perform hand hygiene *before and* after each direct resident contact for which hand hygiene is indicated by accepted professional practice.

(5) (text unchanged)

10.07.02.21-1

[.21-1].35 Employee Health Program.

A. The facility's infection *prevention and* control program shall monitor the relevant health status of all employees, as it relates to infection *prevention and* control. [The following guidelines shall aid the facility in implementing its employee health program] *The facility shall refer to the following guidelines in implementing its employee health program:*

(1) (text unchanged)

(2) Immunization of [Health-Care Workers] *Health Care Personnel*: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); and

(3) (text unchanged)

B. Tuberculosis *Exposure* Control.

(1) The infection control program shall include a risk assessment program, including monitoring for tuberculosis infection for employees that is in accordance with [the following guidelines:]

[(a)] Guidelines for Preventing the Transmission of Mycobacterium [Tuberculosis] tuberculosis in Health-Care [Facilities; and] *Settings*.

[(b)] Guideline for Infection Control in Health Care Personnel.]

(2) The facility shall ensure that [all] employees [who] may *not* provide services that require direct access to residents [may not provide such services] without documented evidence that the employee is free from *communicable* tuberculosis [in a communicable form].

[(3)] The facility shall monitor the purified protein derivative (PPD) status of employees at any time that symptoms suggestive of tuberculosis develop, and periodically, consistent with the tuberculosis control plan. All employees shall be assessed for risk of tuberculosis following guidelines referenced in §B of this regulation.]

(3) *A new employee shall be assessed for risk of tuberculosis through a two-step tuberculin skin testing at the time of hire following guidelines referenced in Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, or through an interferon-gamma release assay (IGRA) blood test.*

(4) The facility shall maintain written documentation of the following:

(a) Results of tuberculin skin tests, recorded in millimeters of induration with dates of administration, dates of reading, results of test, and the manufacturer and lot number of the purified protein derivative (PPD) solution used[.] ; *and*

[(b)] Results of chest x-rays required in this regulation; and]

[(c)] Documentation of any]

(b) Any previous tuberculin skin tests, chest x-ray, or blood test results, chemotherapy, and chemoprophylaxis[, which] *that* are the basis for [the certification] *certifying* that the individual is free from tuberculosis in a communicable form.

C. Measles, Mumps, Rubella, and Chickenpox

[(5)] (1) The facility shall screen [all new employees for immunity to common childhood infections such as mumps, rubella, measles, and chicken pox (varicella), through the use of pre-employment questionnaires and, if appropriate, serologic testing for presence of antibodies of these diseases, to prevent adult exposure of new employees to residents with communicable forms of such disease organisms.] *and maintain written documentation of each employee's proof of immunity to common childhood infections including measles, mumps, rubella, and chickenpox (varicella). Proof of immunity to these diseases shall be verified by:*

(a) *Documented evidence of administration of vaccine; or*

(b) *Laboratory evidence of immunity.*

(2) *The facility shall require that employees who are not immune to measles, mumps, rubella, and varicella receive immunization for measles, mumps, rubella or varicella, unless medically contraindicated or against the employee's religious beliefs. If the employee refuses to be immunized, the facility shall document the refusal and the reason for it.*

[(6)] *D. Hepatitis B.* The facility shall [request] *require* that all new employees receive immunization for Hepatitis B [. The employee may refuse to be immunized if medically contraindicated, against the employee's religious beliefs, or after being fully informed], *unless medically contraindicated, against the employee's religious beliefs, or after being fully informed*

of the health risks of not being immunized. The facility shall inform all new and current employees of the health risks of not being immunized. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.

[(7) The facility shall request that each employee receive immunization from influenza virus in accordance with Health-General Article, §18-404, Annotated Code of Maryland. The facility shall make information available to all employees concerning other conditions in which pneumococcal vaccine may be of benefit for certain other underlying medical conditions. The facility shall document refusals and shall conduct surveillance of nonimmune employees during the recognized influenza season.]

[(8)] *E. Influenza.* The facility shall [inquire about a history of varicella for each new employee. If the employee's history is unclear, then the facility shall request a serology for varicella. If the serology for varicella is nonreactive, the facility shall request that the employee receive immunization for varicella. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal] *require that all employees receive annual immunization for influenza, unless medically contraindicated or against the employee's religious beliefs. The facility shall:*

(1) Annually offer each employee influenza immunization in accordance with Health-General Article, §18-404, Annotated Code of Maryland;

(2) Inform all new and current employees of the health risks of not being immunized;

(3) Document refusals; and

(4) Require that any employee who is not vaccinated with the current influenza vaccine wear a mask when within 6 feet or 183 centimeters of a resident. The mask requirement shall take effect on a date determined by the State's Prevention and Health Promotion Administration, based on influenza activity in Maryland.

F. Pertussis. The facility shall:

- (1) Require that each new employee receive a one dose booster immunization for pertussis, unless medically contraindicated or against the employee's religious beliefs;*
- (2) Inform all new and current employees of the health risks of not being immunized;*
- (3) Document any refusals of immunization; and*
- (4) Ensure that the immunization is given in the form of Tdap (tetanus, diphtheria, acellular pertussis) vaccine, in accordance with the guidelines prescribed in Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices.*

10.07.02.21-2

[.21-2] .36 Resident Health Program.

A. The facility's infection *prevention and* control program shall include monitoring of the health status of all residents to determine if the residents [are]:

- (1) Have received an annual influenza immunization; and*
- (2) Are free from tuberculosis in a communicable form.*

B. Influenza Immunization.

- (1) The facility shall urge all residents to receive the influenza immunization, unless:*
 - (a) Medically contraindicated; or*

(b) Against the resident's religious beliefs.

(2) If the resident refuses to be immunized, the facility shall document the refusal and the reason for the refusal.

[B.] C. Tuberculosis Assessment.

(1) The facility shall assess residents for tuberculosis according to the [following guidelines:

(a)] Guidelines for Preventing the Transmission of Mycobacterium [Tuberculosis] *tuberculosis* in Health Care [Facilities; and] *Settings*.

[(b) Guideline for Infection Control in Health Care Personnel.]

(2) [All residents] *A new resident* shall receive a *two-step* tuberculin skin test within 10 days of [initial] admission *to the facility* unless the resident has had [a] :

(a) A documented negative *tuberculin* skin test within the previous [month, a] *12 months*;

(b) A previous positive *tuberculin* skin test [,];

(c) A history of preventive therapy *treatment*[, or];

(d) A *latent infection*; or

(e) The treatment of *active* tuberculosis.

[(3) The tuberculin skin test for new admissions may be a two-step skin test that is performed by the facility according to the established infection control policy of the facility. Approved employees shall read the skin test and manage the results of the skin test in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities.]

[(4)] (3) The facility shall continue to monitor residents for signs and symptoms of tuberculosis by performing a yearly symptom review. When a resident has signs and symptoms of tuberculosis, a physician shall [within 48 hours] *be notified to*:

- (a) Evaluate the resident for *possible* tuberculosis in a communicable form;
- (b) Notify the health officer within 24 hours if the physician suspects tuberculosis; and
- (c) Coordinate management of the resident and the resident's contacts with the *local* health officer.

[(5)] (4) The facility shall assess and manage a resident with a history of previous positive tuberculin skin test, *a history of latent infection, or a* previous history of active tuberculosis, [or positive skin test conversion] in accordance with Guidelines for Preventing the Transmission of Mycobacterium [Tuberculosis] *tuberculosis* in Health-Care [Facilities] *Settings*.

10.07.02.21-3

[.21-3] .37 Volunteer Health Program.

A. The facility shall urge that volunteers, defined as individuals who spend an average of 8 hours per week or more in the institution [patient] *resident* care areas and who receive no pay or benefits, [accept] *receive* annual influenza vaccination and tuberculin *skin* testing as considered necessary by the facility. The facility shall give appropriate health care information to such volunteers to provide maximum protection to residents.

B. The facility shall maintain documentation of the discussion between the facility and the volunteer concerning influenza vaccine and tuberculin *skin* testing.

10.07.02.21-4

[.21-4] .38 Infection Control—Standard Precautions.

A. Standard Precautions. All employees shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or the body fluids of any resident is anticipated as outlined in:

- (1) Guideline for Isolation Precautions [in Hospitals]: *Preventing Transmission of Infectious Agents in Healthcare Settings* ; and
- (2) (text unchanged)

B. The infection *prevention and* control program shall include the handling of medical waste as defined in COMAR 10.06.06.

C. *A facility shall maintain, at all times, the capability to physically isolate any resident who may contract a communicable disease from the remaining resident population. To provide for this, facilities shall have at least one private bedroom with an attached private bathroom that includes a:*

- (1) Toilet;*
- (2) Hand washing lavatory; and*
- (3) Bathing device or shower.*

10.07.02.22

[.22] .39 Reports and Action Required in Unusual Circumstances.

A.—B. (text unchanged)

[C. Locked Doors Prohibited. Patients may not be kept behind locked doors, that is, doors which patients cannot open. If the patient becomes too difficult to manage, the patient shall be

transferred to a suitable facility selected by the attending physician. If the physician so orders, patients who have a tendency to wander may be confined to their rooms by screen doors or folding gates.

Agency Note: Supervision should be adequate to prevent patients from intruding into the rooms of other patients.

D. Unusual Occurrences. Any occurrence such as the occurrence of suspected mental disturbance, communicable disease, or symptomatic condition of importance to public health, poisoning, or other serious occurrence which threatens the welfare, safety, or health of any patient shall be reported immediately to the local health department. The administrator of the facility shall be responsible for seeing that appropriate procedures and reporting are carried out. An occurrence of a communicable or suspected communicable disease shall be reported and acted upon in accordance with medical asepsis as described in COMAR 10.06.01 Communicable Diseases and COMAR 10.15.03 Food Service Facilities.

Agency Note: Utilization Review. A utilization review plan should be developed with the advice of the professional personnel responsible for the establishment and enforcement of patient care policies. It is suggested that there be established a multidiscipline audit team to participate in an ongoing system of internal patient care audit.]

C. Unusual Occurrences.

(1) The administrator of the facility shall immediately report the occurrence of:

(a) Infectious disease;

(b) Poisoning;

(c) Internal emergency or disaster;

(d) External emergency or disaster,

(e) Any symptomatic condition of importance to public health that affects the facility; or

(f) Any other serious occurrence that threatens the welfare, safety, or health of any resident to the:

(i) Local health department; and

(ii) Office of Health Care Quality.

(2) The administrator of the facility shall be responsible for seeing that appropriate procedures and reporting are carried out for all reportable incidents. An occurrence of a confirmed or suspected infection shall be reported and acted on in accordance with COMAR 10.06.01 Communicable Diseases and COMAR 10.15.03 Food Service Facilities.

10.07.02.23

[.23] .40 Transfer Agreement.

A. Written Agreement. A written agreement with at least one acute hospital shall be effected which shall provide for the following actions:

(1) Planning to ensure that all services required for the continuity of [patient] *resident* care will be made available promptly;

(2) Advance discussion with the [patient] *resident* regarding the reason for the transfer and any available alternatives;

(3) (text unchanged)

(4) Interchange of medical and other information necessary in the care and treatment of [patients] *residents* transferred between [the] facilities, *including notification of the pharmacist of resident transfer*;

(6) Safe *and* timely transportation and care of the [patient] *resident* during transfer;

(7) Security and accountability for the [patient's] *resident's* personal effects;

(8) Prompt readmission to the [comprehensive care facility or the extended care] facility at the end of the hospital stay, *if medically feasible* [()when program fiscal controls permit()];

(9) Annual review of execution of transfer arrangements [()by utilization review committee or other designated group()] to assure that each party is fulfilling the needs of both the patients and the providers [() ,the hospital and the [comprehensive care facility or the extended care] facility()];

(10) If needs are not being met, [it is the responsibility of] the administrator of the [comprehensive care facility or the extended care] facility [to] *shall* act on recommendations of the reviewing group [and] to effect compliance;

(11)—(12) (text unchanged)

B. (text unchanged)

[C. Exception for Comprehensive Care Facility. If a comprehensive care facility is unable to effect a transfer agreement with a hospital in the community and can document its attempts to secure an agreement, the facility shall be considered to have such an agreement in effect.]

[Agency Note: It is recommended that the comprehensive care facility arrange for a similar transfer agreement with an extended care facility.]

C. Transportation of human remains shall be processed pursuant to COMAR 10.29.21.

10.07.02.24

[.24] .41 Emergency and Disaster Plan.

A. Emergency and Disaster Plan.

(1)—(2) (text unchanged)

(3) When the nursing facility relocates residents, the facility shall send a [brief] medical fact sheet *and any medically related information* with each resident that includes at a minimum the resident's:

(a)—(d) (text unchanged)

(e) Special diets or dietary restrictions; [and]

(f) Family or legal representative contact information; *and*

(g) *Advance directives, living will, or a copy of the resident's Maryland's Medical Orders for Life-Sustaining Treatment (MOLST) form.*

(4) The brief medical fact sheet for each resident described in §A (3) of this regulation shall be:

(a)—(b) (text unchanged)

(c) Maintained in a *written, electronic, or printed form* in a central location readily accessible and available to accompany residents in case of an emergency evacuation.

(5)—(8) (text unchanged)

[(9) The licensee shall identify an emergency and disaster planning liaison for the facility and shall provide the liaison's contact information to the local emergency management organization.

(10) The licensee shall prepare an executive summary of its evacuation procedures to provide to a resident, family member, or legal representative upon request. The summary shall, at a minimum:

- (a) List means of potential transportation to be used in the event of evacuation;
- (b) List potential alternative facilities or locations to be used in the event of evacuation;
- (c) Describe means of communication with family members and legal representatives;
- (d) Describe the role and responsibilities of the resident, family member, or legal representative in the event of an emergency situation; and
- (e) Notify families that the information provided may change depending upon the nature or scope of the emergency or disaster]

(9) Maryland Health Alert Network.

(a) Nursing facilities shall register with the Maryland Health Alert Network.

(b) A nursing facility shall register at least four representatives, including the administrator and the Director of Nursing.

(c) Following any changes in the initial registration of the four representatives, a nursing facility shall update the information within 5 business days of the change.

(10) The licensee shall:

(a) Identify an emergency and disaster planning liaison for the facility; and

(b) Provide the liaison's contact information to the local emergency management organization.

(11) The licensee shall prepare an executive summary of the facility's evacuation procedures to provide to a resident, family member, or legal representative upon request. The summary shall, at a minimum:

- (a) List means of potential transportation to be used in the event of evacuation;*
- (b) List potential alternative facilities or locations to be used in the event of evacuation;*
- (c) Describe means of communication with family members and legal representatives;*
- (d) Describe the role and responsibilities of the resident, family member, or legal representative in the event of an emergency situation; and*
- (e) Notify families that the information provided may change depending on the nature or scope of the emergency or disaster.*

B. (text unchanged)

C. Orientation and Drills.

(1) The licensee shall:

- (a) Orient staff to the emergency and disaster plan and to their individual responsibilities in relation to the plan within 24 hours of the commencement of job duties; [and]*
- (b) Document completion of the orientation in the staff member's personnel file through the signature of the employee; and*
- (c) Within 24 hours of admission, notify and direct residents to the facility's emergency plans and maps, including evacuation procedures.*

(2)—(4) (text unchanged)

.42 Physical Plant New and Existing Construction Requirements.

A. Construction of New Facilities. Facilities shall be constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.

(1) A facility desiring to provide services other than those for which it is already licensed shall obtain prior approval from the Department.

(2) The facility shall obtain prior approval from the Department for any part of the premises to be used for tenant occupancy or for unrelated business purposes. Any such usage shall require the facility to follow guidelines to be established by the Department.

(3) All facilities shall be constructed in accordance with the provisions of the NFPA 101 Life Safety Code.,.

B. Construction in an Existing Structure. In existing structures, the Department shall entertain requests for waivers on items that:

(1) Will not endanger the health and safety of residents, visitors, employees, and other individuals using the facility.; and

(2) If corrected, will result in an unreasonable, substantial financial burden on the facility.

C. Conversion of an Existing Structure. When an owner plans to convert an existing structure that has not been licensed as a nursing or care home to a comprehensive care facility or an extended care facility, the owner shall be required to meet all conditions set forth in this chapter.

D. Preventative Maintenance Program. All facilities shall have a documented preventative maintenance program. This program shall include:

(1) Periodic service and testing of items as recommended by manufacturers of at least the following:

- (a) Building systems;*
- (b) Building components;*
- (c) Resident care equipment;*
- (d) Resident therapy equipment;*
- (e) Resident bathing and shower equipment;*
- (f) Furniture and furnishings;*
- (g) Wheelchairs;*
- (h) Walkers;*
- (i) Body lifts;*
- (j) Scales;*
- (k) Electronics; and*
- (l) Electrical switches and outlets;*
- (2) Ongoing staff monitoring for evidence of malfunction or deterioration; and*
- (3) A centralized system for reporting and monitoring repairs.*

.43 Physical Plant General Requirements.

A. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

B. A facility shall comply with all applicable federal, State and local governing laws, regulations, standards, ordinances, and codes.

C. A facility shall be constructed to comply with the guidelines prescribed in Accessible and Usable Buildings and Facilities.

D. Securely anchored handrails shall be provided on each side of all corridors in resident areas and shall be not more than 36 inches or 91.44 centimeters high as measured from the floor to the top of the handrail.

E. Elevators.

(1) New Construction. Elevators shall meet the requirements for elevators in long-term care facilities as set forth in the Guidelines for Design and Construction of Health Care Facilities.

(2) Existing Facilities. Existing facilities shall meet all local codes and standards for safety and maintenance of institutional elevators.

F. Lighting.

(1) A resident's room shall:

(a) Be lighted by outside windows; and

(b) Have artificial light adequate for reading and other uses as required.

(2) In order to prevent accidents and promote efficiency of service, the facility shall ensure that the following areas have sufficient artificial lighting:

(a) Entrances;

(b) Hallways;

(c) Stairways;

(d) Inclines;

(e) Ramps;

(f) Basements;

(g) Attics;

(h) Storerooms;

(i) Kitchens;

(j) Laundries; and

(k) Service units.

G. Minimally Maintained Lighting Levels. The following table lists the minimum lighting requirements in the following given areas:

<i>Area</i>	<i>Minimum Lighting</i>
<i>(1) Administrative areas</i>	<i>30 foot candles</i>
<i>(2) Dining areas</i>	<i>30 foot candles</i>
<i>(3) Recreation areas</i>	<i>100 foot candles</i>
<i>(4) Resident's room</i>	<i>10 foot candles</i>
<i>(5) Resident's reading lamps</i>	<i>30 foot candles</i>
<i>(6) Nurses station</i>	<i>20 foot candles</i>
<i>(7) Medicine storage and preparation area</i>	<i>100 foot candles</i>
<i>(8) Stairways</i>	<i>20 foot candles</i>
<i>(9) Corridors</i>	<i>20 foot candles</i>

H. Night Lights.

(1) Facilities shall have sufficient lighting at night in the following areas:

(a) Hallways;

(b) Stairs; and

(c) Designated toilets of the facility for the safety of the resident who gets up during the night.

(2) There shall be at least one night light in each bedroom for residents.

(3) In new construction, the night light shall be switched at the resident room door.

I. Screens.

(1) Facilities shall ensure that screened doors and windows are installed and maintained in accordance with applicable fire and safety codes and COMAR 10.15.03 Food Service Facilities.

(2) Maintenance and installation may not conflict with other applicable laws, regulations, codes, or ordinances.

(3) Facilities shall equip all screened doors with self-closing devices, to provide for the normal flow of ingress and egress of traffic.

(4) Facilities shall screen with wire screen or its equivalent, not less than 16 meshes per linear inch, doors and windows normally operated in the open position to provide ventilation.

J. Garbage Disposal. Garbage shall be stored in water-tight containers with tight-fitting covers, and shall be emptied at frequent intervals. Soiled containers shall be thoroughly scoured and aired before using again.

K. Garbage Storage Space. Storage space shall be provided for garbage and trash awaiting pickup.

L. Burning. Nursing facilities may not burn or incinerate garbage at the nursing facility.

M. Medical Wastes. The facility shall dispose of medical wastes in accordance with regulations promulgated by the Department or other State or federal agencies.

N. Smoking.

(1) Resident Smoking Requirements.

(a) A resident who smokes shall be assessed for safe smoking behaviors at admission and on significant changes in condition.

(b) A resident assessed to exhibit unsafe behaviors shall have a care plan to ensure the resident is safe when smoking.

(2) Facility Smoking Requirements.

(a) Smoking areas shall be designated.

(b) Smoking shall be prohibited at the main entrance to all facilities.

(c) All tobacco products shall be extinguished and disposed of in non-combustible containers with self-closing lids, in accordance with the provisions of NFPA 101 Life Safety Code.

O. A facility shall be protected throughout the entire building by an automatic fire extinguishing system.

.44 Plumbing

A. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

B. Plumbing.

(1) Plumbing shall be installed in conformance with all applicable Federal, State and local codes and ordinances.

(2) Plumbing and water supplies shall be protected against backflow within all facilities.

(3) Prevention of backflow shall be ensured by proper installation of:

(a) Plumbing cross-connections;

(b) Submerged inlets; and

(c) Back siphonage.

C. Sewage. The facility shall be serviced by a public sewage disposal system if available.

D. Private Sewage Disposal Approval.

(1) If no approved public sewerage system is available, a private sewage disposal may be accepted, if approved by the Department.

(2) Private sewage disposal systems shall comply with COMAR 26.04.02.

E. Water Supply. A facility shall be served by water from a safe public water supply, if available, as determined by the Department.

F. Approval of Private Water Supply.

(1) If a safe public water supply is not available, a private water supply may be used if it is approved by the Department.

(2) Private water systems shall comply with all Federal, State and local requirements.

G. Emergency Procedures. Emergency procedures shall be established and documented that enable the facility to provide water in all essential areas in the event of the loss of the normal water supply or if the facility would have to shelter in place during an emergency or disaster.

These written procedures shall:

(a) Be a part of the facility's Emergency and Disaster Plan, in conformance with §.39 of this chapter; and

(b) Describe the facility's plan to assure that there is an adequate amount of safe drinking water for all residents and staff for a minimum of 72 hours.

H. Adequacy of Pressure.

(1) The water supply shall be adequate in quantity and delivered under sufficient pressure to satisfactorily serve equipment in the facility.

(2) A minimum pressure of 15 psi during demand period is required at top floor equipment.

I. Temperature. The water heating equipment shall supply adequate amounts of heated water according to the following temperature guidelines for:

(1) Resident Use. The water temperature for resident use shall be between 100° Fahrenheit or 38° Celsius and 120° Fahrenheit or 49° Celsius:

(a) Washing;

(b) Bathing; and

(c) Other personal use.

(2) Food preparation use, as referenced in COMAR 10.15.03; and

(3) Laundry use, as referenced in the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

.45 Physical Plant - Heating and Cooling

A. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

B. Temperatures. A facility shall maintain a minimum design temperature of 75° Fahrenheit or 24° Celsius for all occupied areas.

C. Heating System. A facility shall be equipped with a properly maintained and operational central heating system. The heating system shall be:

(1) Capable of maintaining 75°Fahrenheit or 24 °Celsius throughout the residents' section of the building with the outside temperature as prescribed in the ASHRAE Pocket Guide for Air-Conditioning, Heating, Ventilation, Refrigeration, (I-P) 8th Ed., winter median of extreme temperature; and

(2) In compliance with ASHRAE Pocket Guide for Air-Conditioning, Heating, Ventilation, Refrigeration, (I-P) 8th Ed., NFPA 101 Life Safety Code, NFPA 99 Health Care Facilities Code and other applicable codes, and all Federal, State and local codes.

D. Humidity. The humidity shall be controlled according to the guidelines prescribed in ASHRAE Pocket Guide for Air-Conditioning, Heating, Ventilation, Refrigeration, (I-P) 8th Ed.

E. Auxiliary Heat. Appropriate provisions shall be made for emergency auxiliary heat by means of alternate sources of electric power, alternate fuels, or standby equipment.

F. Space Heaters. Space heaters and portable heaters may not be used.

G. Boiler rooms. Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to 97° Fahrenheit or 36°Celsius effective temperature listed in ASHRAE Pocket Guide for Air-Conditioning, Heating, Ventilation, Refrigeration, (I-P) 8th Ed.

H. Air Conditioning. A facility shall be equipped with a properly maintained air conditioning system. The air conditioning system shall be:

(1) In compliance with ASHRAE Pocket Guide for Air-Conditioning, Heating, Ventilation, Refrigeration, (I-P) 8th Ed., NFPA 101 Life Safety Code, NFPA 99 Health Care Facilities Code and all Federal, State and local codes.

(2) In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction.

(3) New construction or renovation shall comply with regulations as of their effective date.

.46 Physical Plant - Ventilation

A. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

B. Existing facility shall provide for adequate ventilation through windows or mechanical means or a combination of both.

C. New facilities shall adhere to the requirements of this chapter.

D. Ventilation System Details.

(1) All air-supply and air-exhaust systems shall be mechanically operated.

(2) The ventilation rates shown in Table 1 under §B(2) of this regulation shall be considered the minimum acceptable rates and may not be construed as precluding the use of higher ventilation rates.

(3) Exhaust systems.

(a) All fans serving exhaust systems shall be located at the discharge end of the system.

(b) Outdoor air intakes shall be:

(i) Located as far as practical but not less than 25 feet or 7.62 meters from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas that may collect vehicular exhaust and other noxious fumes.

- (ii) Located as high as practical, with the bottom of the outdoor air intake not less than 6 feet or 1.83 meters above ground level, or if installed above the roof, 3 feet or 91 centimeters above roof level.*
- (c) The ventilation systems shall be designed and balanced to provide the pressure relationships as shown in Table 1 under §D(4) of this regulation.*
- (d) The bottoms of ventilation openings shall be not less than 3 inches or 7.62 centimeters above the floor of any room.*
- (e) Corridors may not be used to supply air to or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.*
- (f) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in Table 2 under §D(5) of this regulation.*
- (i) The filter bed shall be located upstream of the air conditioning equipment, unless a prefilter is employed.*
- (ii) If a prefilter is employed, the prefilter shall be upstream of the equipment and the main filter bed may be located further downstream.*
- (g) All filters or filter efficiencies shall comply with standards of the Guidelines for Residential Health, Care, and Support Facilities.*
- (i) Filter frames shall be durable and carefully dimensioned and shall have an airtight fit with the enclosing duct work.*

(ii) All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.

(iii) A manometer shall be installed across each filter bed serving central air systems.

(h) Air handling duct systems shall meet the requirements of NFPA Standard 90A, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes.

(i) Fire and smoke dampers shall be constructed, located, and installed in accordance with the requirements of NFPA 101 Life Safety Code.

(i) Air ducts that pass through a required smoke barrier shall be provided with a smoke damper at the barrier.

(ii) Smoke dampers shall activate by smoke detectors located in the ducts at the smoke barrier, or by the smoke detectors used to close smoke barrier doors.

(iii) Smoke dampers shall be controlled to close automatically to prevent flow of smoke-laden air in either direction.

(iv) Smoke dampers shall be equipped with automatic remote control reset devices, except that manual reopening will be permitted if smoke dampers are accessible.

(v) All devices shall be interlocked with the fire alarm system.

(4) Table 1. The table refers to the pressure relationships and ventilation of certain areas of long-term care facilities other than chronic disease hospitals.

Area Designation	Pressure	Minimum Air	Minimum	All Air	Recirculated

	<i>Relationship To Adjacent Areas</i>	<i>Changes of Outdoor Air per Hour Supplied to Room</i>	<i>Total Air Changes per Hour Supplied to Room</i>	<i>Exhausted Directly to Outdoors</i>	<i>Within Room Units</i>
<i>(a) Resident Room</i>	<i>E</i>	<i>2</i>	<i>2</i>	<i>Optional</i>	<i>Optional</i>
<i>(b) Resident Area Corridor</i>	<i>E</i>	<i>2</i>	<i>4</i>	<i>Optional</i>	<i>Optional</i>
<i>(c) Examination and Treatment Room</i>	<i>E</i>	<i>2</i>	<i>6</i>	<i>Optional</i>	<i>Optional</i>
<i>(d) Physical Therapy</i>	<i>N</i>	<i>2</i>	<i>6</i>	<i>Optional</i>	<i>Optional</i>
<i>(e) Occupational Therapy</i>	<i>N</i>	<i>2</i>	<i>6</i>	<i>Optional</i>	<i>Optional</i>
<i>(f) Soiled Workroom or Soiled Holding</i>	<i>N</i>	<i>2</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(g) Clean Workroom or Clean Holding</i>	<i>P</i>	<i>2</i>	<i>4</i>	<i>Optional</i>	<i>Optional</i>
<i>(h) Toilet Room</i>	<i>N</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(i) Bathroom</i>	<i>N</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(j) Janitors' Closet(s)</i>	<i>N</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(k) Sterilizer Equipment Room</i>	<i>N</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(l) Linen and Trash Chute</i>	<i>N</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>

<i>Room</i>					
<i>(m) Food Preparation Center</i>	<i>E</i>	<i>2</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(n) Warewashing Room</i>	<i>N</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(o) Dietary Day Storage</i>	<i>E</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(p) Laundry, General</i>	<i>E</i>	<i>2</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(q) Soiled Linen Sorting and Storage</i>	<i>N</i>	<i>Optional</i>	<i>10</i>	<i>Yes</i>	<i>No</i>
<i>(r) Clean Linen Storage</i>	<i>P</i>	<i>2</i>	<i>2</i>	<i>Optional</i>	<i>Optional</i>
<i>(s) Key: P = Positive, N = Negative, E = Equal</i>					

(5) Table 2. The table below refers to the filter efficiencies for central ventilation and air conditioning systems in long-term care facilities other than chronic disease hospitals.

<i>Area Designation</i>	<i>Minimum Number of Filter Beds</i>	<i>Filter Efficiencies (Percent)</i> <i>Main Filter Bed</i>
<i>(a) Resident Care, Treatment, Diagnostic, and Related Areas. These areas may be reduced to 35 percent for all-outdoor air systems.</i>	<i>1</i>	<i>80</i>

<i>(b) Food Preparation Areas and Laundries.</i>	<i>1</i>	<i>80</i>
<i>(ci) Administrative, Bulk Storage and Soiled Holding Areas.</i>	<i>1</i>	<i>25</i>

(6) Exhaust Hoods.

(a) All hoods over cooking surfaces shall comply with NFPA 96, as are applicable to nursing homes.

(b) Exhaust hoods in food preparation centers shall have an air movement exhaust rate of at least 50 feet per minute or 15 meters per minute in the direction of the exhaust as measured at the front edge of the cooking surface

.47 Physical Plant Emergency Power

A. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

B. Emergency Electrical Power.

(1) The facility shall provide emergency electrical power.

(2) Emergency power for the purpose of egress lighting and protection shall be as required by NFPA 101 Life Safety Code.

(3) Other emergency lighting shall be as follows:

(a) Nursing station;

(b) Drug distribution station or unit dose storage;

(c) A lighted area for emergency telephone use;

- (d) Boiler or mechanical room;*
- (e) Kitchen;*
- (f) Generator set location and switch gear location;*
- (g) Elevator, if operable on emergency power;*
- (h) Areas where life support equipment is used;*
- (i) If applicable, lighting for common area of refuge; and*
- (j) If applicable, lighting in toilet rooms of common area of refuge;*
- (4) Emergency power shall be provided for the following:*
 - (a) Nurses' call system;*
 - (b) Duplex receptacles installed 50 feet or 15 meters apart in all corridors in resident areas or appropriately located duplex receptacles in the common area of refuge;*
 - (c) Telephone service. At least one telephone shall be available for incoming and outgoing calls;*
 - (d) Fire pump;*
 - (e) Sewerage pump and sump pump;*
 - (f) Elevator, if required for evacuation;*
 - (g) If the facility's evacuation plan requires the use of the elevator or elevators, emergency power shall be provided in accordance with NFPA 101 Life Safety Code;*
 - (h) If there is more than one elevator, there shall be a capability to operate one elevator at a time;*
 - (i) Necessary heating equipment to maintain a minimum temperature of 71°Fahrenheit or 22°Celsius in all common areas of refuge, if applicable;*

(j) Life support equipment;

(k) Nonflammable medical gas systems;

(l) Computer system, if applicable, to enable use of electronic medical records system; and

(m) Refrigerated medication storage.

(5) Common Area or Areas of Refuge. If all resident rooms, day rooms, and toilet rooms are not tied into the emergency generator to provide heat and air circulation cooling in an emergency situation, the facility shall provide common area or areas of refuge for all residents as described below:

(a) An area of not less than 30 square feet or 2.79 square meters per bed, exclusive of corridors, shall be designated by the facility as the common area or areas of refuge;

(b) The 30 square feet or 2.79 square meters per bed shall include at least 5 percent of the resident bedrooms. A minimum temperature of 71°Fahrenheit or 22°Celsius and a maximum temperature of 81°Fahrenheit or 27°Celsius shall be maintained in this area;

(c) Heated toilet rooms adjacent to the common areas of refuge shall be provided. These toilet rooms are not reflected in the 30 square feet 2.79 square meters per bed; and

(d) The facility shall provide for the Department's approval a written plan that defines the specified area or areas of refuge and outlines paths of egress from the common areas of refuge, and provisions for light, heat, food service, and washing and toileting residents.

(6) Emergency Power Source. The emergency power source shall be a generating set and prime mover located on the premises with automatic transfer. The following are required as part of the emergency power system:

- (a) In the event of failure of the normal electrical service, the emergency power shall be activated immediately;*
- (b) The emergency generator set shall come to full speed and load acceptance within 10 seconds;*
- (c) The emergency generator shall have a capacity of 48 hours of operation from fuel stored onsite;*
- (d) The emergency power system shall be tested once a month, for at least 30 minutes under normal emergency facility connected load, and the test recorded in a permanent log book maintained for that purpose;*

10.07.02.27

[.27].48 Nursing Care Unit.

A. Size. Nursing care units may not exceed 60 beds. The Department may specify the numbers and types of personnel for each unit which exceeds 40 beds.

B. *Common space.* The facility shall provide a living room for residents' use with a sufficient number of reading lamps, tables, and comfortable chairs or sofas. [Service Areas Required in New Construction or for New Facilities]

C. Service Areas Required

(1) Nurses'[Station] Work Area.

(a) The nurses'[station] work area shall be [centrally] located [in relation] on the unit [to beds served] and [shall provide] within easy view of corridors outside of resident's rooms.

(b) The Department may specify the location and size of a nurses' [station] *work area* which serves a nursing care unit exceeding 40 beds.

(2) *A nursing care unit, regardless of size, including special care units, shall be equipped as described in Regulation .44 of this chapter.*

(a) A nursing care unit [also] shall include:

[(a)] (i) A toilet, within the care unit, for the use of personnel;

(ii) [a handwashing] *A hand washing* sink equipped with 4 inch wrist blades;

(iii) [goose-neck] *Goose-neck* spout; [and]

(iv) [separate] Separate soap dispensers; and

(v) *Disposable paper* towel dispensers.

(b) Medicine storage cabinet with locks. *Medicine storage shall follow the procedures:*

(i) Schedule II drugs shall be kept in separately locked, securely fixed boxes or drawers in a cabinet, under two locks, keyed differently;

(ii) [medicine] *Medicine* storage and preparation area with illumination of *at least* 100 [foot candles], *foot-candles* at the work counter; preparation area shall include a small sink set into the counter or with drain boards; biological refrigerator [.]; *and*

(iii) Spaces housing medicine storage cabinet, medicine preparation area, and biological refrigerator shall be under the direct visual control of the nursing or pharmacy staff.

(c)—(e) (text unchanged)

(f) Sufficient space and equipment for medical records [which enables] *so that* personnel *can* [to] function [in an effective manner] *effectively* and [to] maintain *easily accessible* records on all [patients] *residents* [so they are easily accessible].

[(2) Nurses' Station—Existing Facility. Each care unit shall have a nurses' station provided with a medicine storage cabinet and preparation counter or table having adequate lighting overhead. A handsink with hot and cold running water shall be convenient to the nurses' station.]

(3) *Medication Storage Facilities.*

(a) Because specific temperatures are often required for the safe storage of drugs, the storage [facilities] *facility* shall provide for the [following] conditions *listed in §B (3) (b)—(g) of this regulation* when prescribed [:].

[(a)] (b) Cold—Any temperature [not exceeding] *at or below* [8°C (46°F)] *46°Fahrenheit or 8°Celsius*. A refrigerator is a cold place in which the temperature is maintained thermostatically between [2°C and 8°C (46° and 59°F)] *46°Fahrenheit and 59°Fahrenheit or 8°Celsius and 15°Celsius*. A freezer is a cold place in which the temperature is maintained thermostatically between [-20°C and -10°C (-4° and -14°F)] *-4°Fahrenheit and -14°Fahrenheit or -20°Celsius and -26°Celsius*.

[(b)] (c) Cool—Any temperature between [8°C and 15°C (46° and 59°F)] *46°Fahrenheit and 59°Fahrenheit or 8°Celsius and 15°Celsius*. An article for which storage in a cool place is directed may, alternatively, be stored in a refrigerator, unless otherwise specified in the individual monograph.

[(c)] (d) Room Temperature—The temperature prevailing in a working area. Controlled room temperature is a temperature maintained thermostatically between [15°C and 30°C (59° and 86°F)] *59°Fahrenheit and 86°Fahrenheit or 15°Celsius and 30°Celsius*).

[(d)] (e) Warm—Any temperature between [30°C and 40°C (86° and 104°F)] *86°Fahrenheit and 104°Fahrenheit or 30°Celsius and 40°Celsius*.

[(e)] (f) Excessive Heat—Any temperature above [40°C (104°F)] *104°Fahrenheit or 40°Celsius*.

[(f)] (g) Protection from Freezing. *The container label bears appropriate instructions to protect the product from freezing* [When in addition to] *when freezing it may subject a product to:*

(i) *Loss of strength or potency,*

(ii) [the risk] *Risk of breakage of the container, [freezing subjects a product to loss of strength or potency,] or [to destructive]*

(iii) *Destructive alteration of the dosage form [, the container label bears an appropriate instruction to protect the product from freezing].*

[(g)] (h) Storage under Non-specific Conditions. When no specific storage directions or limitations are provided in the individual monograph, [it is to be understood that]the storage conditions *shall* include protection from moisture, freezing, and excessive heat.

(4) Space for Storage of Linen [New Construction and Existing Facilities]. Capacity shall be provided for [storage] *storing* of at least two complete *linen* changes per bed. Clean linen shall be stored separately from [non-clean] *unclean* items.

(5) Janitors' Closet—New Construction. [Each]

(a) A nursing unit shall contain at least one janitors' closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(b) The janitor's closet shall be equipped for [handwashing] *hand washing*.

(c) *The janitor's closet shall be connected to mechanically operated exhaust ventilation.*

(d) *The plumbing fixture for the utility or service sink within a janitor's closet must be provided with a back-flow prevention device.*

(6) Utility Rooms [—New Construction].

(a) There shall be separate clean and soiled utility rooms in each nursing unit:

(i) [, accessible] *Accessible* to the [patient] *resident* area;

(ii) *Each having separate entrances; and*

(iii) [no] *No* more than 120 feet or 36 meters to the most remote [patient] *resident* bedroom.

(b) The clean utility room shall contain:

[(i) Wall and base cabinets with stain resistant countertop;

(ii) A small sink set into the counter, or with drainboards; sink shall be equipped with gooseneck spout and wrist blades;]

(i) *A small sink shall be equipped with soap and individual towels in a dispenser;*

[(iii)] (ii) (text unchanged)

[(iv)] (iii) [Provision for storing and transporting clean linen in covered container.]Clean linen may be stored and transported in covered containers, [also be stored in] closed linen carts, or rooms exclusively provided for this purpose [, if approved by the Department].

(c) The soiled utility room shall contain:

(i) Work counter with sink, gooseneck faucet, and wrist blades;

[(ii) A separate wall-hung hand sink for handwashing, equipped with wrist blades and soap and towel dispensers;]

(ii) A small sink equipped with soap and individual towels in a dispenser;

(iii) (text unchanged)

(iv) Equipment[, approved by the Department], to clean and sanitize bedpans, urinals, and basins;

(v) Equipment for the disposal of liquid and semi-solid wastes and bodily fluids via the facility's sanitary sewer connection or on-site sewage disposal system.

[(7) Utility Rooms—Existing Facility. In existing facilities service areas shall be provided for patient care items which are acceptable to the Department.]

(7) Culture Change Facility. In a culture change facility, service areas shall be provided for resident care needs as approved by the Department. The culture change facility shall be required to have service areas that meet the specifications in these regulations for:

(a) Clean storage;

(b) Soiled holding;

(c) Laundry;

(d) Janitorial services; and

(e) Medication storage.

[C. Call System—New Construction. A call system shall be installed and maintained in operating order in all nursing units. Call systems shall be maintained in a manner that will

provide visible and audible signal communication between nursing personnel and patients. The minimum requirements are:

- (1) A call station or stations providing detachable extension cords to each patient's bed in the patients' rooms. These extension cords shall be readily accessible to patients at all times.
- (2) A visible signal in the corridor above the corridor door of each patient's bedroom, visible from all parts of the corridor.
- (3) An audible signal and a nurses' call enunciator indicating the room from which the call originates or an alternate system approved in writing by the Department, shall be located at the nurses' station. The sounding of the audible signal shall be continuous or intermittent until answered. The audible signal may not be turned off at the nursing station.
- (4) A call system shall be provided in each patient's toilet room, bathroom, and shower stall in locations easily accessible to the patients. The call system shall enable patients in the rehabilitation area to summon rehabilitation staff.
- (5) The nurses' call system shall be so designed as to require resetting at the station where the call originates.

D. Call System—Existing Facilities. Existing facilities (those facilities licensed at the time this regulation becomes effective) shall provide some method/means of a patient summoning aid that shall include as minimum a combined visual and audible signal that is audible at the nurses' station and simultaneously activates a light located in the hall, outside of and adjacent to the patient's room. The activating device for those signals shall be located in each patient's room and each and every bathing compartment and toilet room or compartment used by patients.

Exceptions may be made in part at the discretion of the Department for an individual facility only when the facility can demonstrate compliance with the intent of this section by showing an effective patient call system to provide quality patient care.]

[E.] *D. Drinking Fountains. One public drinking fountain or comparable equipment as preapproved by the Department shall be provided [one] on each floor, usable from a wheelchair. Alternative means to provide drinking water to residents, staff, and the general public may be used as approved by the Department.*

E. Automated External Defibrillator.

(1) Facilities shall possess a functioning automated external defibrillator (AED).

(2) Facilities shall install a functioning AED unit, as of July 1, 2018.

.49 Call Systems

A. Call System.

(1) A nurse call system shall be installed and maintained in operating order in all nursing units.

(2) Call systems shall be maintained in a manner that will provide visible and audible signal communication between nursing service personnel and residents.

(3) A call station or stations providing detachable extension cords to each resident's bed in the residents' rooms. These extension cords shall be readily accessible to residents at all times.

(4) A visible signal in the corridor above the corridor door of each resident's bedroom, visible from all parts of the corridor. In multi-corridor nursing units, visual lights shall be provided at corridor intersections.

(5) A call system shall be provided in each resident's bathroom, and bathing area in locations accessible to the residents.

(6) The call system shall enable residents in the rehabilitation area to summon rehabilitation staff.

(7) The nurses' call system shall require resetting at the station where the call originates

B. Wireless Call Systems.

(1) Call systems that use wireless pagers or other wireless communication devices may be used as an alternative system.

(2) These wireless devices shall be issued to all assigned direct care staff and shall receive signals originating from residents' bedrooms, bathrooms, bathing areas, and therapy areas.

(3) The use of approved wireless call systems shall eliminate the need to install call light indicators outside of all resident's bedrooms, bathrooms, bathing areas and therapy areas.

(4) A computer system with a monitor or other electronic display device may be installed to replace the call system enunciator, as long as it reveals the location from where the signal originated and sounds an audible alert tone. Otherwise, a dedicated enunciator connected to the wireless call system will be needed.

(5) An electrically powered call system must be connected to the emergency power supply.

(6) The sounding of the audible signal shall be continuous or intermittent until answered.

*(7) The audible signal may not be turned off at the nursing station. *

(8) The audible signal shall be loud enough to be heard at the nurses' station.

.50 Resident Bedroom Facilities.

A. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

B. Bedroom Accommodations.

(1) Bedroom.

(a) A resident's room shall have direct access to an exit as specified by the Life Safety Code NFPA 101, as are applicable to nursing homes.

(b) A room that opens into the kitchen may not be used as a resident bedroom.

(c) A room may not be used as a resident bedroom if it can only be reached by passing through a kitchen.

(d) Residents may not occupy rooms extending below the ground level.

(e) No more than four individuals may occupy a multiple occupancy bedroom.

(f) Residents' beds may not be located near radiators, registers, or sources of draft.

(g) Adequate storage space shall be provided in each bedroom to allow each resident to keep necessary items of clothing, including items that need to be hung. Adequate storage space shall be provided for residents' personal possessions, including the storage of seasonal clothing.

(h) All occupants of any bedroom shall be of the same sex, except in the case of a two-bed room occupied by:

(i) Opposite gender siblings;

(ii) Opposite gender parent and child;

(iii) A married couple; or

(iv) Consenting residents.

(2) Bedroom-New Construction. A facility shall provide cubicle curtains and tracks in multiple occupancy bedrooms between beds to insure privacy of residents.

(3) Bedroom-Existing Construction. In existing facilities, curtains or screens shall be acceptable.

C. Floor and Window Space.

(1) Floors.

(a) A distance of at least 3 feet or 0.91 meters shall be maintained between each bed. Beds are to be placed so that all sides of the bed are at least 18 inches or 46 centimeters from heating units.

(b) The following shall be considered a minimum allowance of floor space:

(i) 100 square feet or 9.29 square meters, single-bed room; and

(ii) 80 square feet or 7.43 square meters, per bed, for multiple-bed rooms

(c) The following floor areas may not be included in the calculation of floor space:

(i) Toilet rooms and bathing facilities;

(ii) Closets;

(iii) The floor area occupied by wardrobes, bureaus, or lockers, when permanently installed as part of walls or ceilings and as a permanent component of a bedroom;

(iv) HVAC equipment, including any steam, water, or electrical supply or return lines that may run parallel to the floor or interrupt the floor surface;

(v) Support columns, pipe chases, or other structures, whether free-standing or as an integral part of a wall; and

(vi) The arc of any doors that open into the room, excluding closet doors.

(d) The minimum horizontal dimensions of a bedroom are to be 10 feet or 3 meters to facilitate the placement of beds as required in Regulation .45 of this chapter and to maintain a minimum clearance of 3 feet or 0.91 meters at the foot of the bed.

(e) In existing facilities, the usable floor area for rooms having a bedroom shall have a finished ceiling height of 8 feet or 2.44 meters. For a bedroom that has sloping walls, only 50 percent of the floor area with a ceiling height between 4 feet and 7 feet, 6 inches or 1.22 meters and 2.29 meters shall be credited, provided that at least 50 percent of the total area of the bedroom has a ceiling height of 8 feet or 2.44 meters.

(3) Windows.

(a) The window area within each bedroom shall be at least 10 square feet or 0.93 square meters per bed and the window opening shall be at least 28 inches or 71.12 centimeters so that the total area equals 10 square feet or 0.93 square meters per bed. This is to allow entry of firemen, removal of smoke, and emergency evacuation.

(b) The maximum height from the floor to the top of a window sill shall be 44 inches or 111.76 centimeters above the finished floor.

(c) Any portable window air-conditioning units may not block window space. The installation of portable air-conditioning units shall be approved by local fire authorities and the Department.

(d) If windows cannot be opened for ventilation, central HVAC systems shall be provided and maintained.

(e) If windows can be opened, but the facility has concern over the window being opened due to resident safety issues and elopement, the window sash may be restricted by hardware as approved by the Department.

D. Furnishings.

(1) Furnishings.

(a) The facility shall provide residents with their own bed, which shall be at least 36 inches or 91.44 centimeters wide and be substantially constructed. Rollaway type beds, cots or folding beds may not be used.

(b) Bed.

(i) Each bed provided shall be in good repair, with a clean and comfortable standard size mattress and foundation.

(ii) Mattresses and foundations must fit the bed, to avoid injury to the resident.

(iii) Clean linen and a clean, comfortable pillow shall be provided. Extra pillows shall be available.

(c) Bedroom Furniture. Each resident shall be provided with the following furnishings which shall be convenient to the resident:

(i) Bedside stand with a drawer;

(ii) Towel hanger. A towel hanger within the bathroom attached to a resident's bedroom satisfies this requirement;

(iii) A comfortable chair;

(iv) A chest of drawers with at least one locking drawer;

- (v) Enclosed space for hanging clothing as required by this chapter;*
- (vi) A wall mirror in each room, unless contraindicated by physician's order; and*
- (vii) A bedside lamp, over bed lamp or other directional light source for resident reading and bedside care.*

(d) Resident's Personal Furnishings.

- (i) A facility shall develop policies and procedures to give residents the opportunity to use the resident's own furnishings as detailed in this chapter.*
- (ii) These policies shall address the condition of the personal furnishings, presence of insects or vermin, and overall safety to ensure that the use of the resident's belongings does not create any safety or health issues.*

(iii) Personal furnishings that are allowed shall be appropriate for the resident's use.

(e) Windows shall be provided with shades or draperies adequate to control glare and maintain privacy.

(f) Each living room for residents' use shall be provided with a sufficient number of reading lamps, tables, and comfortable chairs or sofas.

(2) Furnishings-New Construction. A bedroom shall be provided with a hand washing sink with both hot and cold running water unless toilet or bathroom facilities with a sink are connected to the bedroom as referenced in this chapter.

(3) Medication Storage Cabinets.

(a) Medication storage cabinets with locks shall be permitted for the storage of resident medications that do not require refrigeration within a resident bedroom.

(b) Controlled medications to be stored within medication storage cabinets in a resident's room shall be held within a separate compartment that is locked and inside of the larger medication storage cabinet in that room.

.51 Body Holding Room.

A. Body Holding Room .

(1) Body Holding Room-New Construction and Existing Facilities.

(a) A body holding room shall be equipped with ventilation by mechanical means at the same rate and specifications as designed for soiled linen sorting and storage areas.

(b) A facility shall develop and implement a method for body holding that minimizes the psychological effects on other residents.

(2) Body Holding Room- New Construction. Body holding rooms shall be located to facilitate quiet and unobtrusive ingress and egress of bodies, convenient to the elevator and with an isolated exit.

(3) Body Holding Room-Existing Facility. If a body holding room is not provided, a holding area shall be designated that approximates the above conditions.

.52Resident Bathroom Amenities

A. If the resident bathroom features described in this chapter are provided in private or isolated resident bedrooms, separate resident bathroom features will not be required. An interconnecting bathroom may not be considered to be a private bath.

B. Bathing

(1) There shall be at least one separate room or compartment with a bathtub, shower, or other bathing device, as approved by the Department, for every 15 licensed beds.

(2) The compartment shall be large enough to accommodate the resident, a caregiver, and a wheelchair, shower chair, or shower bed.

C. Toilets

(1) For every eight beds, there shall be at least one toilet enclosed in a separate room or stall.

(2) Each floor shall have at least one toilet room large enough to accommodate the resident, a wheelchair, and caregiver, to permit toilet assistance or training.

D. Sinks

(1) For every four licensed beds, there shall be at least one hand washing sink.

(2) For hand washing purposes, there shall be a towel dispenser and a supply of paper towels and soap dispenser adjacent to each sink.

10.07.02.29

[.29] .53 Equipment and Supplies for Bedside Care and Therapy.

A. Needs of [Patients] Residents.

(1) There shall be sufficient equipment to meet the needs of the [type patients] residents admitted.

(2) [It shall be the responsibility of the] The administrator shall [to] obtain specific items required for individual cases where requested by the attending physician or [supervisor of care services] medical director.

(3) The Department may require *that the facility have* specific types of equipment based on the needs of the [patients] *residents*.

(4) [All facilities] *A facility* shall establish and enforce a written preventive maintenance program to ensure that all [essential mechanical, electrical, and patient care] *resident care and therapy* equipment is maintained in safe operating condition.

B. Use of [Hot Water Bottles and, Ice Caps] *Hot Packs, Ice Packs, and Other Therapeutic Medical Devices*.

(1) Covers shall be placed on hot [water bottles and, ice caps] *packs, ice packs and other temperature-related therapeutic medical devices* before they are placed in a bed or on a [patient] *resident*.

(2) The [water] temperatures [in hot water bottles] *in the building, hot packs, and therapeutic equipment* may not exceed 120°F *Fahrenheit* or 49°C *Celsius*. [Heating pads may not be used instead of hot water bottles.]

(3) *The use of hot and cold medical devices shall be:*

(a) *Consistent with manufacturer' guidelines and facility policies; and*

(b) *Maintained and applied by trained staff.*

10.07.02.30

[.30] .54 Rehabilitation Facilities—Space and Equipment.

A. *Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.*

B. *General Requirements.*

[A.] 1. Space.

[(1)] (a) [There] *Facilities* shall [be] *provide* adequate space [for the] *to*:

- (i) [reception, examination, and treatment of patients] *Receive, examine, and treat residents*;
- (ii) [storage of] *Store* supplies and equipment, including wheelchairs and stretchers; and
- (iii) [office] *Provide office* space for the *employed* personnel [employed] *to work*.

[(2)] (b) *Facilities* shall allot [Seventy-five] 75 square feet or 6.97 square meters [shall be allotted] for treatment area per [patient] *resident*, based on peak treatment schedules.

[Agency Note: Recommended space: Storage—10 percent of area designated for exercise and rehabilitation; Office—one therapist, 110 square feet; two or more, 85 square feet per therapist.]

[(3)] (c) *Facilities* shall plan and arrange [Space] *space* [may be planned and arranged] for shared use by physical therapy and occupational therapy staff and [patients] *residents*, if scheduling permits.

(d) *Facilities* may distribute space in the following manner:

- (i) *Storage space shall comprise at least 10 percent of the area designated for exercise and rehabilitation*
- (ii) *Office space shall be at least 110 square feet or 10.22 square meters for one therapist, or 85 square feet or 7.90 square meters per therapist if there are two or more.*

[B.] (2) Equipment.

[(1)] (a) Equipment shall [be of a type that will provide] *allow for providing* safe and effective [patient] *resident* care.

[(2)] (b) All electrical equipment shall be calibrated according to *the* manufacturers' directions and shall be [periodically] serviced *periodically* as part of a preventive maintenance program. A sticker bearing the date of the most current inspection shall be affixed on each piece of equipment.

[(3)] (c) All electrical equipment shall be [periodically] tested *periodically* for proper grounding, current leakage, and calibration where appropriate.

[(4)] (d) *The* [Operator's] *operator's* instruction [booklet] *manual* shall be available in a designated location *or accessible electronically* at all times.

[(5)] (e) All flammables shall be stored in compliance with NFPA 30, [flammable and combustible liquids code] *Flammable and Combustible Liquids Code, as promulgated by the State Fire Prevention Commission, as applicable to nursing homes.*

[(6)] (f) [Due care] *Adequate exhaust ventilation* shall be [taken in] *provided when* using vaporous materials or pollutants.

[C.] (3) Toilet Facilities in Rehabilitation Area-New Construction.

(a) [In new construction], [facilities] *A facility* with rehabilitation areas shall provide a [lavatory] *hand washing sink* and toilet which meet [ANSI] *Accessible and Usable Buildings and Facilities* standards for *residents who are dependent on the use of a wheelchair* [patients].

(b) These facilities shall be readily accessible to the [rehabilitation patients] *residents receiving rehabilitative services.*

(c) *Toilets and bathing rooms within a rehabilitation area shall be equipped with a nurse call system as described in this chapter.*

10.07.02.31

[.31] .55 Dayroom and Dining Area.

A. *General Requirements.* Resident Dining, Occupational Therapy, and Activities Program.

[There] *The facility* shall [be provided] *provide* one or more attractively furnished areas of adequate size for resident dining, occupational therapy, and social activities. Activities space *shall be* of adequate size to meet the needs of the residents *and* shall be located on each floor occupied by residents.

B. Dining Area.

(1) [In all facilities, the] *Facilities shall provide* dining [area shall be] *areas* large enough to accommodate all [patients able to eat out of their rooms] *residents who eat there at the same time.*

(2) There shall be an allowance of at least 12 square feet *or 1.11 square meter* per [ambulatory patient] *resident*; this allowance shall be substantially increased proportionate to *the number of residents who depend on using a wheelchair* [cases].

[There shall be at least 12 square feet per bed for 50 percent of the total licensed beds.]

(3) *The height of tables provided in dining areas shall accommodate each resident using a wheelchair.*

C. Dayroom Area. Dayroom areas shall be provided *that are* adequate for the [patients capable of using them] *residents located on each nursing care unit*; and *are located* convenient to [patients'] *the residents'* bedrooms.

D. Multi-purpose Room.

(1) [If] *The facility shall provide* a multi-purpose room [is used] for dining, occupational therapy, *physical therapy*, and social activities [, there]. *There* shall be sufficient space to accommodate all activities without [interference] *interfering* with each other.

(2) [The total areas] *The facility shall set aside areas* for [patients'] residents' dining and recreation [areas shall be no less than] *that total at least* 30 square feet or 2.79 square meters per licensed bed for the first 100 beds [and], *plus* 27 square feet or 2.51 square meters per licensed bed for all beds in excess of 100.

(3) *Areas that meet this requirement may include:*

(a) *Reception areas,*

(b) *Lobbies, portion not required for egress per NFPA 101, as are applicable to nursing homes,*

(c) *Hair care;*

(d) *Salon rooms,*

(e) *Resident gift shops,*

(f) *Theater;*

(g) *Auditorium,*

(h) *Spiritual worship,*

(i) *Meditation areas,*

(j) *Dayrooms,*

(k) *Dining areas,*

(l) *Libraries, and*

(m) No more than 50 percent of the floor area of all occupational therapy and physical therapy areas, and other areas as approved by the Department.

10.07.02.32

[.32] .56 Dietetic Service Area.

A. General Requirements. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

[A.] *B. Food Service Department. The location of the food service [are] area shall be approved by the Department. [A facility which holds full licensure as of the adoption of these regulations shall be considered as having an appropriately located food service area.] A catered or satellite system shall be covered by a contract approved by the Department, and the vendor providing the food shall have a valid food service permit*

[B.] *C. Outside Service Entrance. A convenient outside service entrance shall [be planned] exist to facilitate receiving food supplies and the disposal of waste.*

[C.] *D.—[D.] E. (text unchanged)*

[E.] *F. Janitor's Closet or Service Area.*

(1) [New Construction. A janitor's] *Janitors Closet- New Construction.* A janitor's closet or service alcove for *the* exclusive use of food service areas shall be provided in, or adjacent to, the dietetic service department. [It]

(2) *The janitor's closet or service alcove shall be [equipped]:*

(a) *Equipped with [a]*

(i) *A utility sink [, storage];*

(ii) *Storage shelves [,]; and [a]*

(iii) *A rack for hanging brooms and mops; and*

(b) *Connected to mechanically operated exhaust ventilation.*

(3) *The plumbing fixture for the utility sink within a janitor's closet shall be provided with an approved back-flow prevention device.*

[(2) Existing Facility. A utility sink shall be provided within reasonable distance from the food service department for its use, but it may be shared with other activities. Space near the utility sink shall be provided for the storage of brooms, mops, and cleaning materials.]

[F.] G. Space.

(1) There shall be sufficient floor space in the food service department to permit all activities to function efficiently without overcrowding [:] *or increasing the risk for cross-contamination of food or equipment from soiled surfaces.*

[(1) New Construction. New construction providing a conventional type food service program shall have the following minimal space requirements (excluding bulk food-storage areas, dining areas, and separate floor pantries). Modification of the following minimum space will be made in the event that the facility can demonstrate that the use of convenience food, disposables, or equipment, require less space for operation. However, once a facility elects to use these procedures or systems and a modification is granted, the systems may not be changed without prior approval of the Department. The Department in these cases may require additional space to be provided.]

(2) *Minimum Space Requirements-New Construction.*

Home's Licensed Capacity for [Patients] <i>Residents</i>	Minimum Space
(a) 2 to 10	120 square feet <i>or 11.15 square meters.</i>
(b) 11 to 35	132 square feet plus 12 square feet <i>or 12.26 square meters plus 1.11 square meter</i> per licensed bed in excess of 11.
(c) 36 to 100	430 square feet plus 10 square feet <i>or 39.95 square meters plus 0.93 square meter</i> per licensed bed in excess of 36.
(d) over 100	1,070 square feet plus 8 square feet <i>or 99.41 square meters plus 1.11 square meter</i> per licensed bed in excess of 100.

[(2) Renovations of existing kitchens shall be approved by the Department which will consider modification of the minimum space requirement based on space available, costs, and type of service.]

(3) *Space- Existing Facilities.*

(a) A facility that holds full licensure as of the adoption of these regulations shall be considered to have an adequate size dietetic service department.

(b) Renovations of [existing] *all* kitchens shall be approved by the Department, which will consider modification of the minimum space requirement based on space available, costs and type of service.

[(3)] (4) Aisle space between working areas shall be at least 3 feet; *aisle space for* main traffic shall be at least 5 feet *wide*.

[(4)] (5) Ceiling height shall be at least 9 feet.

[Agency Note: 10 foot ceiling height is recommended.]

(5) Existing Facility. A facility which holds full licensure as of the adoption of these regulations shall be considered as having an adequate size dietetic service department.]

(6) If the licensed capacity of a facility is increased, or *if* meals are provided to anyone outside of the facility from the food service area of the facility, the facility shall provide *an* additional food service area in accordance with[§F(1), (3), and (4) of this regulation] *this chapter*. The additional food service area required when meals are provided to anyone outside of the facility is to be calculated by using the total number of individuals to whom meals are provided.

(7) The kitchen space requirement [in §F (6) of this regulation] *as described in this regulation* does not apply to occasional special functions such as picnics or dinners for residents, volunteers, families or community groups [provided] *as long as* the facility certifies to the Department that [the provision of] *providing* meals for [the particular] *a* special function will not adversely affect or detract from the timely provision of meals to the *facility's* residents [of the facility].

[G.] H. Floor Pantries-New Construction.

(1) [In a decentralized] *There shall be at least one* food service [, the area or areas for] *floor*
[pantries shall be approved by the Department] *pantry per nursing care unit.*

(2) (text unchanged)

[Agency Note: The following equipment is recommended:

- (a) Equipment to maintain food at correct temperature;
 - (b) Toaster;
 - (c) Hot plate;
 - (d) Refrigerator;
 - (e) Ice-making machine or ice-storage container;
 - (f) Work space for tray preparation;
 - (g) Equipment for delivery of completed trays;
 - (h) Three-compartment sink or dishwasher;
 - (i) Cabinet for dry storage and supplies;
 - (j) Storage for trays, tableware, flatware, and utensils;
 - (k) Hand washing sink with soap and towel dispenser or approved drying device.
- (3) At least one nourishment pantry convenient to the nursing station shall be provided on each floor in facilities using a centralized food service system. Minimum equipment shall include the following:
- (a) Refrigerators;
 - (b) Cabinets for dry storage and supplies;

(c) Work space;

(d) Sink for purposes other than handwashing;

(e) Handwashing sink with soap and towel dispenser or approved drying device.]

(3) The equipment provided in food service floor pantries shall comply with the requirements of the local health department.

(4) A food service floor pantry shall include the following:

(a) Refrigerator;

(b) Cabinets for dry storage and supplies;

(c) Work space;

(d) Sink for purposes other than hand washing;

(e) Hand washing sink with soap dispenser and disposable paper towel dispenser; and

(f) Equipment to hold hot food if bulk foods are plated and served to the residents on the nursing care unit. This does not apply to trays that are assembled in the main kitchen and then distributed to the nursing care units.

(4) A food service floor pantry shall include the following additional equipment:

(a) Toaster;

(b) Ice-making machine or ice-storage container;

(c) Work space for tray preparation;

(d) Equipment to deliver completed trays;

(e) Three-compartment sanitizing sink or dishwasher;

(f) Cabinet for dry storage, supplies and kitchenware;

(g) *Storage for trays, tableware, flatware, and utensils.*

[H.] *I. Equipment for Food Preparation and Distributions.* [The following requirements shall be met:]

- (1) Adequate equipment for preparation, serving, and distribution of food shall be provided;
- (2) A dumbwaiter, elevator, or ramp shall be provided in a facility of more than one story where more than eight [patients] *residents* above or below the kitchen level[,] receive bedside tray service.
- (3) Equipment to protect food from dust or contamination and to maintain food at proper temperature shall be provided [for transportation of] *to transport* food to the [patients]*residents*.

[I.] *J. Dry Food Storage.* [The following requirements shall be met:]

- (1) Adequate space shall be provided [for the storage of] *to store* food supplies [;].

[Agency Note:]

- (b) The amount of storage space needed [is dependent upon] *depends on the* frequency of deliveries.
- (c) It is recommended that 2 square feet or 0.19 square meters per resident be provided and that the *dry food storage* area be located within easy access to the receiving area and the kitchen.
- (2) The storeroom shall be cool and well-ventilated [;].
- (3) (text unchanged)

[Agency Note: Care should be exercised in the rotation of stored food so that old stock is used first.]

[J.] *K. Refrigerated Storage.*

(1) Adequate refrigerated storage, refrigerators and frozen food storage cabinets [,] shall be provided [which are] *and be* regulated to maintain temperatures prescribed in COMAR 10.15.03 Food Service Facilities.

(2) *Food in storage shall be arranged so that new food items are stored behind old food items*

(3) *The oldest foods shall be used first, known as the first in, first out method.*

[.33].57 Administrative Areas.

A. *Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.*

[A.]B. *Administrative Areas-New Construction.* [New Construction. In new construction]

(1) *A facility shall provide a separate room or rooms [shall be provided] for the administrator and administrative support staff. Sufficient areas shall be provided to accommodate all necessary office furniture, files, and other equipment, [including provision for] and enable the safe storage of [patients'] residents' valuables.*

(2) *In new construction, separate locker rooms and toilet facilities shall be provided for male and female employees in each facility.*

[B.] C. *Administrative Areas-Existing Facilities.* [In existing facilities,]

(1) *The facility shall provide an administrative area [shall be provided which] that is suitable for conducting business or discussing [in privacy problems] problems privately with the [patient's] resident's sponsor.*

(2) The facility shall provide a sufficient number of lockers that can be locked securely for all employees working at any one time, and provision shall be made for the employees to use toilet facilities at a convenient location.

[C. Lobby Area. In new construction, facility shall provide a lobby area. Public toilets for both sexes shall be located conveniently to this area. Telephone service and drinking fountains which meet ANSI standards also shall be provided.]

C. Lobby Area - New Facilities. A facility shall provide a lobby area. The lobby area shall have:

(a) Public toilets for both sexes, either separate or unisex, located conveniently to this area;

(b) Access to telephone; and

(c) Drinking fountains or other drinking water dispensers that meet Accessible and Usable Buildings and Facilities standards.

D. (text unchanged)

E. Employee Facilities—Existing Facilities. [In existing] *Existing facilities shall have a sufficient number of lockers [capable of being] that can be securely locked [shall be provided] for all employees working at any one time, and [provision shall be made] shall provide for the staff use of toilet facilities at a convenient location.*

[.34].58 Housekeeping Services, Pest Control, and Laundry.

A. General Requirements. Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

[A.] B. (text unchanged)

[B.] C. Cleanliness and Maintenance. [The following shall be observed:]

(1) The building and all its parts and facilities shall be kept in good repair, neat and attractive.

The safety and comfort of the [patients] *residents* shall be the [first] *primary* consideration.

(2) All walls, floors, ceilings, windows, and fixtures shall be kept clean. Interior walls and floors shall be of a [character to permit] *type to allow* frequent and easy cleaning.

(3) The facility shall be kept free of unnecessary accumulations of personal possessions, boxes, trunks, suitcases, papers, unused furniture, bed clothing, linens, bric-a-brac, and similar items. *Storage areas shall be kept clean and orderly, and shall be readily accessible for housekeeping, maintenance, and pest control servicing.*

(4) (text unchanged)

(5) Pest Control. The facility shall [be]:

(a) *Be* maintained free of insects and rodents by operation of an active pest-control program, either by use of maintenance personnel or by contract with *a* pest-control company.

(b) [Care shall be exercised in the usage and storage of toxic] *Use and store toxic* and flammable insecticides and rodenticides *with care* [.];

(c) [Usage shall conform] *Ensure that usage of toxic and flammable insecticides and rodenticides conforms* to the U.S. Environmental Protection Administration and Maryland Department of Agriculture requirements [. Agency Note: Refer to Regulation .26 S of this chapter for window screening requirements.];

(d) *All facilities shall be protected to prevent the entry and harborage of rodents and insects. Facilities shall install and effectively maintain:*

(i) *Screen doors that fit tightly when closed;*

(ii) Easily adjusted closely fitted window screens;

(iii) Rat-proofing devices; or

(iv) Other approved deterrents.

(e) Facilities shall effectively protect all openings to the outside against the entry of insects by:

(i) Closed doors;

(ii) Closed windows; or

(iii) Other means.

[C. Laundries-New Facilities. In laundries in new facilities there shall be a physical separation between the "clean" and "soil" areas. There shall be provision for the laundering of patients' clothing. Hot water temperatures in laundries shall conform to applicable standards of the International Fabric Care Institute for laundry water supply.

D. Laundries-Existing Facilities. In existing facilities where a physical separation is not possible, exceptions as to approved laundry facilities may be made at the discretion of the Department.

There shall be provision for the laundering of patients' clothing. Hot water temperatures in laundries shall conform to applicable standards of the International Fabric Care Institute for laundry water supply.]

(3) Laundries.

(a) A facility shall provide laundry service, whether on-site or off-site.

(b) Laundry service shall be provided to meet the residents' needs.

(c) All laundry shall be processed and handled in a manner that prevents the spread of infections. Staff working in laundry shall be given personal protective equipment including:

(i) Disposable gloves;

(ii) Masks; and

(iii) Body coverings.

(d) All laundry shall be processed through the use of sufficiently hot water, chemical agents, or a combination of the both, to remove or destroy infectious biological materials.

(e) Clean and Soiled Areas.

(i) There shall be a physical separation between the clean and soiled areas.

(ii) The soiled area shall allow for sorting and washing soiled laundry.

(iii) The clean area shall allow for drying and folding of clean laundry.

(iv) All soiled areas within a laundry shall be connected to mechanically-operated exhaust ventilation.

[(8)] (f) The [Heating, Air Conditioning and Ventilation (JHVAC)] system provided in laundries may not allow [for] the spread of airborne contaminants to other parts of the facility that are occupied by residents, staff not working in *the* laundry, and the general public.

(g) The plumbing fixtures for all water supply connections to washing machines and the plumbing fixtures for all utility sinks shall have an integrated atmospheric vacuum breaker or other approved back-flow prevention devices.

10.07.02.35

[.35].59 Resident Care Management System.

A. (text unchanged)

B. The resident care management system shall [be comprised] *consist* of three [interrelated] *related* components:

(1)—(3) (text unchanged)

10.07.02.36

[.36].60 Resident Status Assessment.

A.—B. (text unchanged)

C. A facility shall use the following forms and procedures for resident assessment as described in the [State Operations Manual for Provider Certification] *CMS Manual System, Pub. 100-07 State Operations Provider Certification*:

(1)[Minimum Data Set (MDS) version as determined by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, in Transmittal No. 22, referenced in §B of this regulation;] *The current Minimum Data Set version as determined by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.*

(2) [Resident] *Care Area Assessment [Protocol] Summary Process*;

(3) MDS Quarterly Assessment Form; *and*

[(4) Maryland Monthly Assessment; and]

[(5)] *(4)* Care plans.

D. The facility shall complete all assessments in accordance with the provisions of 42 CFR §§ 483.20, *or as amended* [and 413.343].

E. [All facilities] *A facility* certified for participation in Medicare or Medicaid shall complete and electronically submit the assessment to the [Department not later than 31 days after completion

of the assessment] *Quality Improvement and Evaluation System, Assessment Submission and Processing system using the format, standard record layouts, and data dictionaries identified by the Automated Data Processing Requirements , and that passes standardized edits as defined by CMS and the state. All facilities shall follow these requirements:*

- (1) Encoding data within the identified Assessment Reference Date; and*
- (2) Transmitting data for all assessments completed within the prior 2 week period.*

F. A facility *licensed* as a comprehensive or extended care facility but not certified for participation in the Medicare or Medicaid Program shall comply with the [State Operations Manual for Provider Certification] *CMS Manual System, Pub. 100-07 State Operations Provider Certification*, except that data may not be [electronically] submitted *electronically* to the Department.

10.07.02.37

[.37].61 Care Planning.

A. An interdisciplinary team shall complete a [resident specific] *resident-specific* care plan for each resident within 7 calendar days following completion of all assessments.

B. (text unchanged)

C. *Care Plan Meeting. The facility shall, with the resident's consent:*

- (1) [A facility shall give a] Give an interested and appropriate family member or resident's representative 7 calendar days advance notice, in writing, of the location, date, and time of [the] a care planning conference for a resident [for whom a family member or representative is interested];*

(2) *Strive to accommodate the schedules of invited family members and representatives when scheduling care plan meetings; and*

(3) (text unchanged)

D. The facility shall hold the care planning conference not later than 7 calendar days after [completion of] *completing* the assessment, but may hold the conference [earlier] *sooner* if agreed to by the resident, a family member, or a resident's representative.

E. Organization of Care Plan.

(1) [Problems] *Resident's problems* and needs shall be identified, based upon the interdisciplinary assessment. The care plan shall address all of the resident's special care requirements necessary to improve or maintain the resident's status. The interdisciplinary team shall incorporate resident input into the care plan.

(2) The team shall establish goals for each problem or need identified, *or a combination thereof*. The [goal] *goals* shall be realistic, practical, and tailored to the resident's needs. Goal [outcome] *outcomes* shall be measurable in time or degree, or both.

(3) Approaches to accomplishing each goal shall be established. Approaches shall [communicate] *indicate* the work to be done, [by whom it is to be done] *who is to do it*, and how frequently it is to be [performed] *done*.

F.—G. (text unchanged)

10.07.02.38

[.38] .62 Skin Record.

A. (text unchanged)

B. The staff shall document [progression] *progress* of the condition or conditions weekly until the condition or conditions have healed.

C. (text unchanged)

10.07.02.39

[.39] .63 Geriatric Nursing Assistant *Training* Program.

A. Facility Responsibilities.

(1) [Each] A facility shall conduct or arrange a [nurses' aide] *geriatric nursing assistant* training program for unlicensed personnel assigned to direct [patient] *resident* care duties. [This requirement does not extend to physical or occupational therapy assistants or to other employees performing delegated, non-nursing functions. The facility may use an outside program if it has been reviewed and approved by the Department.] *The Maryland Board of Nursing shall approve the geriatric nursing assistant training program curriculum.*

[(2) Each facility shall submit a written proposal to the Department for satisfying the developmental training program requirement.]

(2) *A facility may not employ an individual as a geriatric nursing assistant until the individual has successfully completed a competency evaluation approved by the Maryland Board of Nursing.*

(3) A [nurse aide] *geriatric nursing assistant* is deemed to satisfy the requirements of this chapter if that individual has successfully completed a training program approved by the State before July 1, 1990, or has been "grandfathered" under previous regulations.

(4) Other persons hired as *geriatric nursing assistants* [nurse aides after July 1, 1990] shall complete an approved *geriatric nursing assistant training* program within 120 days of employment.

(5) The facility shall [record]:

(a) *Record* the satisfactory completion of the program in each employee's personnel record [. A];

and

(b) *Give the employee a certificate* [evidencing] *signed by the program's teacher or trainer as evidence of completion of the program* [shall be issued to the employee. The signature of the program's teacher or trainer shall be required for authentication].

B. Course Structure.

(1). [Effective with employees hired on or after July 1, 1990,the] *The geriatric nursing assistant training program* [course] shall consist of 75 hours or more, and include at least 37.5 hours of classroom instruction and [not less than] *at least* 37.5 hours of supervised clinical experience in long-term care.

(2) The course content shall adhere to the [Geriatric Nursing Assistant Program] *geriatric nursing assistant training program* curriculum *approved by the Maryland Board of Nursing* [in Regulation .40 of this chapter].

[(3) The course instructor shall have overall supervisory responsibility for the operation of the program, and shall:

(a) Be a registered nurse licensed in Maryland;

(b) Have at least 2 years of nursing experience, at least 1 year of which shall have been in caring for the elderly or chronically ill in the past 5 years; and

(c) Have attended a program of instruction in training methodologies approved by the Department.

(4) Supplementary instructors shall be drawn from qualified resource personnel such as registered nurses, licensed practical/vocational nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physicians, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and residents' rights experts, as well as persons with relevant experience, such as residents or experienced aides.

(5) Adequate numbers of instructors are required to ensure that each trainee is provided effective assistance and supervision which does not endanger the safety of residents.

(6) Each training program shall have behaviorally stated objectives for each unit of instruction, stating measurable performance criteria.

(7) Each trainee shall be clearly identified as a trainee during all skills training portions of the training.

(8) During training, a trainee may provide only that care for which the trainee has demonstrated competency to the satisfaction of the appropriate program instructor.

(9) An orientation program shall be provided to trainees for a nursing facility in which training is to occur. This program shall consist of:

(a) An explanation of organizational structure, policies, and procedures;

- (b) Discussion of the philosophy of care;
- (c) Description of the resident population; and
- (d) Employee rules.

(10) The orientation may not be included in the required 75 hours of the training course.

(11) A training program shall provide at least 16 hours of training prior to a trainee's direct assignment to resident care. This instruction shall include the following topics:

- (a) Infection control;
- (b) Safety and emergency procedures;
- (c) Promoting residents' independence;
- (d) Respecting residents' rights; and
- (e) Communication and interpersonal skills.]

10.07.02.41

[.41] .64 Paid Feeding Assistants.

A.—B. (text unchanged)

C. A facility that uses a paid feeding assistant shall ensure that the paid feeding assistant feeds only residents who do not have complicated feeding conditions including, but not limited to:

- (1)—(2) (text unchanged)
- (3) Recurrent lung [aspirations] *aspiration*; or
- (4) (text unchanged)

D. Protocol. The facility shall develop a protocol for selecting residents who are appropriate for feeding by a paid feeding assistant. The facility shall select [a resident] *eligible* residents based on the:

(1)—(3) (text unchanged)

E. State-Approved Training. A State-approved training course for paid feeding assistants shall consist of at least 8 hours of training that includes:

(1)—(8) (text unchanged)

(9) Successful completion of a two-part test that includes a:

(a) (text unchanged)

(b) Demonstration of proper feeding skills performed on a resident [under observation] *while being observed*.

F.—G. (text unchanged)

10.07.02.45

[.45] .65 Quality Assurance Program.

A. [By January 1, 2001, each] A facility shall establish an effective quality assurance program that includes components described in this regulation and Regulation [.46] .66 of this chapter.

B. (text unchanged)

C. The [nursing] facility shall establish a quality assurance committee that includes at least:

(1) [A] *The facility* director of nursing;

(2) [An] *The facility* administrator;

(3) (text unchanged)

(4) [A] *The facility* medical director;

(5) (text unchanged)

(6) A geriatric nursing assistant [of] *at* the facility.

D. The Quality Assurance Committee. The quality assurance committee shall:

(1) Designate [a chairperson to manage] *an individual to oversee* committee activities;

(2) Meet monthly to [accomplish] *carry out* quality assurance activities;

(3) [Assist in developing] *Help develop* and approve the facility's quality assurance plan;

(4) Submit the quality assurance plan to the Department's Office of Health Care Quality at the time of *initial application for* licensure [or at the time of licensure renewal.] ;

(5) Submit any [change in] *changes to* the quality assurance plan to the Office of Health Care Quality within 30 days of the [change] *changes*;

(6)—(7) (text unchanged)

E. (text unchanged)

F. *Quality Assurance Committee—Non-members. Anyone not on the committee shall be informed of how to present and submit concerns to:*

(1) *The committee;*

(2) *A member of the resident council; or*

(3) *A member of the family council if one exists.*

10.07.02.46

[.46].66 Quality Assurance Plan.

A. The facility's quality assurance committee shall develop and implement a quality assurance plan that includes procedures for:

(1)—(2) (text unchanged)

(3) [Patient] *Resident* complaints;

(4)—(5) (text unchanged)

B. Concurrent Review. The quality assurance plan shall include:

(1)—(3) (text unchanged)

(4) Procedure for [referral of] *referring* data to the quality assurance committee, when appropriate.

C. Ongoing Monitoring. The quality assurance plan shall include:

(1) A description of the measurable criteria for ongoing monitoring of all aspects of resident care including:

(a) (text unchanged)

(b) Prevention of [decubitus] *pressure* ulcers, dehydration, and malnutrition;

(c)—(e) (text unchanged)

(f) Changes in physical or mental status[;] .

(2) The methodology for [collection of] *collecting* data;

(3) The methodology for [evaluation] *evaluating* and [analysis of] *analyzing* data to determine trends and patterns;

(4)—(7) (text unchanged)

D. Patient Complaints. The quality assurance plan shall include:

(1) A description of a complaint process that effectively addresses resident [or] *and* family concerns including:

(a) The designated person or persons and their phone numbers to receive complaints [or] *and* concerns;

(b) (text unchanged)

(c) The time frames for investigating complaints [dependent upon], *depending on* the nature or seriousness of the complaint;

(2)—(3) (text unchanged)

E. Accidents and Injuries. The quality assurance plan shall include:

(1)—(2) (text unchanged)

(3) A policy statement that [includes a provision that reporting] *ensures that* incidents can be [done] *reported* without fear of reprisal;

(4) A description of how internal investigations of accidents and injuries will be handled including:

(a) (text unchanged)

(b) Interview of the resident, staff, and *any* [witness] *witnesses*;

(c) (text unchanged)

(5) A description of the process for notifying *a* family or guardian about the incident;

(6) A description of a process for the ongoing evaluation of *patterns and trends in* accidents and injuries [to determine patterns and trends]; and

(7) (text unchanged)

F. (text unchanged)

10.07.02.47

[.47] .67 (text unchanged)

10.07.02.48

[.48].68 Posting of Staffing.

A. A nursing home shall post *a notice* on each floor or unit of the nursing home, for each shift, a notice that [explains] *gives* the ratio of licensed and unlicensed staff to residents.

B. The posting on each floor shall include:

(1) Names of the staff members on duty and the room numbers of the residents [that] *to whom* each is assigned;

(2) Name of the charge nurse or person *who is* in charge of the unit; [and]

(3) *If the person in charge is not a registered nurse, the name of the registered nurse responsible for the unit; and*

[(3)] (4) (text unchanged)

C. (text unchanged)

D. *A record of the posting shall be retained for 1 year.*

10.07.02.49

[.49] .69 Sanctions.

A. If a deficiency exists, the Department, in addition to the sanctions set forth in this regulation and Regulations [.50—58].64—.72 of this chapter, may:

(1)—(5) (text unchanged)

B. State Monitor.

(1) The duties of the State monitor shall be specified in a written agreement between the Department and the State monitor and shall include but are not limited to:

(a)—(b) (text unchanged)

(c) Issuing written reports to the Department and the nursing facility, detailing the findings of the on-site inspections and the status of [recommended actions that] *requirements and recommendations for the facility* [shall complete] to achieve compliance.

(2)—(4) (text unchanged)

C. (text unchanged)

D. A licensee [aggrieved by] *that disagrees with* the imposition of a sanction under §A(1) or (5) of this regulation may appeal the Secretary's action by filing a request for a hearing in accordance with Regulation [.59] .79 of this chapter. A licensee [aggrieved by] *that disagrees with* the imposition of a sanction under §A(2) of this regulation may appeal the Secretary's action in accordance with Health-General Article, §§19-364 and 19-367, Annotated Code of Maryland.

[.50] .70—[.61] .81 (text unchanged)

VAN T. MITCHELL

Secretary of Health and Mental Hygiene